

M22000011041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300390421943

07/05/22--01040--026 ♦♦125.00

2022 JUL -5 PM 4:25

S. FRANKLIN

JUL 16 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blair Cato Pickren Casterline, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cynthia Durham Blair

Name of Person

Blair Cato Pickren Casterline, LLC

Firm Company

700 Huger Street, Suite 102

Address

Columbia, SC 29201

City State and Zip Code

cynthia@blancato.com

E-mail address: (to be used for future annual report notification)

2002 JUN -5 PM 4:25

For further information concerning this matter, please call:

Cynthia Durham Blair

803

8816901

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Blair Cato Pickren Casterline, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. South Carolina 47-2323124  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 700 Huger Street, Suite 102 P.O. Box 123  
(Street Address of Principal Office) (Mailing Address)  
Columbia, SC 29201 Columbia, SC 29202  
2022 JUL -5 PM 4:25

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent, LLC  
Office Address: 7001 4th Street N, Suite 300  
St. Petersburg 33702  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tom Glover

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Cynthia Durham Blar</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Rex L. Casterline</u>
<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 123</u>	<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 123</u>
<input checked="" type="checkbox"/> Authorized	<u>Columbia, SC 29202</u>	<input checked="" type="checkbox"/> Authorized	<u>Columbia, SC 29202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Gary A. Pickren</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>C. Bru Pender</u>
<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 123</u>	<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 123</u>
<input checked="" type="checkbox"/> Authorized	<u>Columbia, SC 29202</u>	<input checked="" type="checkbox"/> Authorized	<u>Columbia, SC 29202</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>J. Kevin Craig</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>P.O. Box 123</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Columbia, SC 29202</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

2022 Jul - 5 P11 4: 25

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

BLAIR CATO PICKREN CASTERLINE, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 14th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

2022 JUN -5 PM 4:36

Given under my Hand and the Great Seal  
of the State of South Carolina this 29th day  
of June, 2022.

A handwritten signature in black ink that reads "Mark Hammond".  
Mark Hammond, Secretary of State