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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

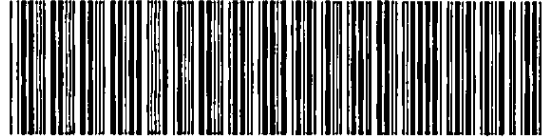
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2022 : 24 PM 3:45

S. FRANKLIN

AUG 24 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Stonehorse Real Estate Holdings, 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:

Ronda Cook and Ricky Cook

Name of Person

Stonehorse Real Estate Holdings, LLC

Firm/Company

157 Powers Road

Address

Oakdale, TN 37829

City/State and Zip Code

sapphirebythesea@outlook.com

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

For further information concerning this matter, please call:

Eric Childress

615

834-2474

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

2022-11-21, PM 3:45

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. Stonehorse Real Estate Holdings, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. 5/6/2022

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

5. 157 Powers Road

(Street Address of Principal Office)

Oakdale, TN 37829

6. 4553 Bougainvillea Dr

(Mailing Address)

Fort Lauderdale, FL 33308

2022.1.24 PM 3:45

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

Name: Eric Childress

Office Address: 4553 Bougainvillea Dr

Fort Lauderdale

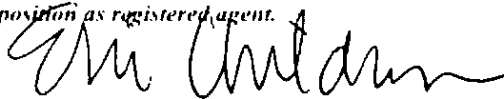
(City)

33308

Florida (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.



(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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Eric Childress

☐ Member Address: 4553 Bougainvillea DR

☐ Authorized Fort Lauderdale, FL 33308

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Ricky Cook

☒ Member Address: 3050 NE 40th CT

☐ Authorized Fort Lauderdale, FL 33308

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Samuel Parker

☐ Member Address: 3050 NE 40th CT

☒ Authorized Fort Lauderdale, FL 33308

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Ronda Cook

☒ Member Address: 157 Powers Road

☐ Authorized Oakdale, TN 37829

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_


Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ 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

Eric Childress  
\_\_\_\_\_  
Typed or printed name of signer



Tre Hargett  
Secretary of State

## Division of Business Services

### Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

RONDA COOK  
3050 NE 40TH CT  
FORT LAUDERDALE, FL 33308-5832

August 5, 2022

Request Type: Certificate of Existence/Authorization

Request #: 0488609

Issuance Date: 08/05/2022

Copies Requested: 1

#### Document Receipt

Receipt #: 007425223

Filing Fee: \$20.00

Payment-Check/MO - STONEHORSE REAL ESTATE HOLDINGS LLC, OAKDALE, TN

\$20.00

Regarding: STONEHORSE REAL ESTATE HOLDINGS, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 749146

Formation/Qualification Date: 02/27/2014

Date Formed: 02/27/2014

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: MORGAN COUNTY

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### STONEHORSE REAL ESTATE HOLDINGS, LLC

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

Processed By: Tiffany Washington

Verification #: 055294835