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Division of Corporations

M220003505183

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H220003505183)))



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To:

Division of Corporations
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2022 OCT 12 PM 3:16

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: msturdivant@mmlhq.com

**Foreign Limited Liability Company
SJ MISSION INN, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

S. FRANKLIN

OCT 13 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJ Mission inn, 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:

Micajah P. Sturdivant IV

Name of Person

SJ Mission Inn, LLC

Firm/Company

1000 Red Fern Place

Address

Flowood MS 39232

City/State and Zip Code

msturdivant@mnhg.com

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

2022 OCT 12 AM 11:19

For further information concerning this matter, please call:

David Jenner

601

326-8181

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

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(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 "L.L.C.")

2. Mississippi 3. 41-2077838
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. Not prior to registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Red Fern PL, Flowood, MS 39232
(Street Address of Principal Office)

6. 1000 Red Fern PL, Flowood, MS 39232
(Mailing Address)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(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.

Tara Morales Tara Morales, Asst. Secretary on behalf
(Registered agent's signature) of Capitol Corporate Services, Inc.

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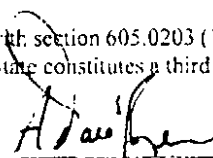
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Micajah P. Sturdivant	<input checked="" type="checkbox"/> Manager	Name: A. David Jenner
<input type="checkbox"/> Member	Address: 1000 Red Fern PL	<input type="checkbox"/> Member	Address: 1000 Red Fern PL
<input type="checkbox"/> Authorized	Flowood, MS 39232	<input type="checkbox"/> Authorized	Flowood, MS 39232
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Gaines P. Sturdivant	 <input checked="" type="checkbox"/> Manager	 Name: Michael J. Hart
<input type="checkbox"/> Member	Address: 1000 Red Fern PL	<input type="checkbox"/> Member	Address: 1000 Red Fern PL
<input type="checkbox"/> Authorized	Flowood, MS 39232	<input type="checkbox"/> Authorized	Flowood, MS 39232
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name:	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<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
 A. David Jenner

 Typed or printed name of signer



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

SJ MISSION INN, LLC

Registered the 27th day of January, 2003

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

4270 I-55 North
Jackson, MS 39211

And that the registered agent at that address is:

T CALVIN WELLS

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 10th day of October, 2022

A handwritten signature in cursive script that reads "Michael Watson".

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Certificate Number: CN22150241

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>