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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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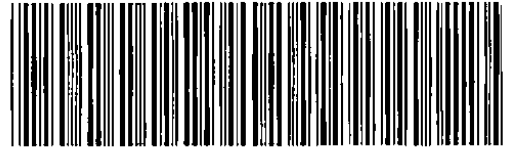
(Business Entity Name)

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DIRT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 08 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHITE WEDDINGS TALLAHASSEE, 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:

Brooke White

Name of Person

White Weddings Tallahassee, LLC

Firm/Company

421 Connell Road

Address

Valdosta, Georgia 31602

City/State and Zip Code

whiteweddingsoffice@gmail.com

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

For further information concerning this matter, please call:

Brooke S. White

229

244-9080

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
IN FLORIDA

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

1. White Weddings Tallahassee, 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."

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

3. 92-1835586
(FEI 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. 421 Connell Road
(Street Address of Principal Office)

6. 421 Connell Road
(Mailing Address)

Valdosta, Georgia 31602

Valdosta, Georgia 31602

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

Name: Brooke S. White

Office Address: 1301 N. Monroe Street

Tallahassee, 32303
(City) , 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 a
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I j
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fan
and accept the obligations of my position as registered agent.

Brooke S White
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons 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>
☒ Manager	Name: <u>Brooke S. White</u>	☐ Manager	Name: _____
☒ Member	Address: <u>5405 Sycamore Run</u>	☐ Member	Address: _____
☒ Authorized	<u>Hahira, GA 31632</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Charles G. White, Jr.</u>	☐ Manager	Name: _____
☒ Member	Address: <u>5405 Sycamore Run</u>	☐ Member	Address: _____
☐ Authorized	<u>Hahira, GA 31632</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes o 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 re jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certifica 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 int submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brooke S White
Signature of an authorized person

BROOKE S WHITE
Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

White Weddings Tallahassee, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the date below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued and does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24
Date Inc/Auth/Filed: 0
Jurisdiction : G
Print Date : 01
Form Number : 2



Brad Raffensperger

Brad Raffensperger