

MA3000005 273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

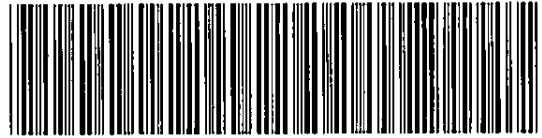
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/07/23--01032--014 \*\*160.00

2023 MAR 07 PM 3:19

T. LEMIEUX

APR 25 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southeastern Ranches, 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:

William G. Allen

\_\_\_\_\_  
Name of Person

Southeastern Ranches, LLC

\_\_\_\_\_  
Firm/Company

5150 Tamiami Trail North Suite 500

\_\_\_\_\_  
Address

Naples FL 34103

\_\_\_\_\_  
City/State and Zip Code

bnefficesunbeltlandmgmt.com

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

For further information concerning this matter, please call

Brad F. Nett

704

295-4610

\_\_\_\_\_  
Name of Contact Person

at

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

Southeastern Partners, Ltd.

Name of Foreign Limited Liability Company must include "Limited Liability Company" or "LLC" or "L.L.C."

Southeastern Partners, Ltd.

Number

88-2201433

Check if this foreign limited liability company is organized in

Florida

Did not transact business in Florida, if prior to registration.  
See sections 605.0934 & 605.0935, F.S., to determine penalty liability.

3129 Springbank Ln

3129 Springbank Ln

Office Address of principal office

Mailing Address

Suite 201

Suite 201

Charlotte NC 28226

Charlotte NC 28226

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

Name

William G Allen

Office Address

5150 Tamiami Trail North Suite 500

Naples FL

Florida

34103

(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.



(Registered agent's signature)

2003 MAR 10 PM 3:19

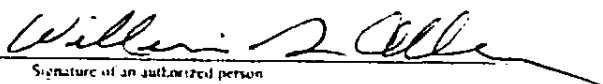
5. For filing and indexing purposes, list names, titles or capacities and addresses of the primary members/managers or persons authorized to manage (up to six total only):

<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 William G Allen	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address 550 Fairlane Trail North	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized	State 500	<input type="checkbox"/> Authorized	
<input type="checkbox"/> Person	Sample #1 34567	<input type="checkbox"/> 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	
<input type="checkbox"/> Person		<input type="checkbox"/> 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	
<input type="checkbox"/> Person		<input type="checkbox"/> 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

William G Allen

Typed or printed name of signer

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SOUTHEASTERN RANCHES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/04/2020, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/01/2023.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202302013359471

You may verify this certificate  
online at <http://www.nvsos.gov>

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

1. Name of foreign limited liability company (as shown on certificate of incorporation or equivalent document):

2. State of incorporation:

3. Name of person or persons authorized to execute this application:

4. Name of registered agent:

5. Name of person or persons authorized to execute this application:

6. Name of person or persons authorized to execute this application:

7. Name of person or persons authorized to execute this application:

8. Name of person or persons authorized to execute this application:

9. Name of person or persons authorized to execute this application:

10. Name of person or persons authorized to execute this application:

11. Name of person or persons authorized to execute this application:

12. Name of person or persons authorized to execute this application:

13. Name of person or persons authorized to execute this application:

14. Name of person or persons authorized to execute this application:

15. Name of person or persons authorized to execute this application:

16. Name of person or persons authorized to execute this application:

17. Name of person or persons authorized to execute this application:

18. Name of person or persons authorized to execute this application:

19. Name of person or persons authorized to execute this application:

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

Name William G Allen

Office Address 5150 Tamiami Trail North Suite 500

Naples FL

34103  
Florida

21. Name of person or persons authorized to execute this application:

22. Name of person or persons authorized to execute this application:

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.

W. G. Allen

Registered agent's signature

FILED  
2023 APR 24 PM 3:19  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
IN AND FOR THE COUNTY OF DADE, FLORIDA

Title or Capacity                      Name and Address

☒ Manager                      William G. Allen  
☐ Member                      2501 E. 1st St. Apt. No. 1  
☐ Authorized                      Secretary  
☐ Person                      Samuel J. Allen  
☐ Other                      None

Title or Capacity                      Name and Address

☐ Manager                      \_\_\_\_\_  
☐ Member                      \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
☐ Person                      \_\_\_\_\_  
☐ Other                      \_\_\_\_\_

☐ Manager                      Name \_\_\_\_\_

☐ Member                      Address \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

☐ Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name \_\_\_\_\_

☐ Member                      Address \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

☐ Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name \_\_\_\_\_

☐ Member                      Address \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

☐ Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name \_\_\_\_\_

☐ Member                      Address \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

☐ Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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9. 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. 775.08.

William G. Allen  
Secretary of the authorized person

William G. Allen

Print or printed name of signor

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate:

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