

M23000006101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

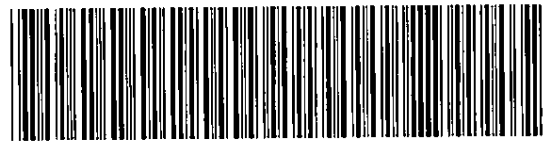
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/31/23 --01019--008 **120.00

2023 APR 12 PM 2:23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2023

WILLIAM G ALLEN
3129 SPRINGBANK LANE SUITE 201
CHARLOTTE, NC 28226 US

SUBJECT: TAMPA MINI-RANCHES LLC
Ref. Number: W23000053685

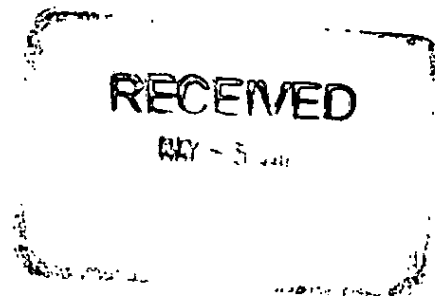
We have received your document for TAMPA MINI-RANCHES LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 023A00008431



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Mini-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

Tampa Mini-Ranches LLC

Firm/Company

3129 Springbank Lane Suite 201

Address

Charlotte NC 28226

City, State and Zip Code

bnetllgsunbeltlandmgmt.com

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

For further information concerning this matter, please call:

Brad F. Neff

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

1 Tampa Mini-Ranches, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

Tampa Bay Mini-Ranches, LLC

(Name and address of the foreign limited liability company, if not the same as above, must include "Limited Liability Company," "LLC," or "LLP")

2 Nevada

88-4243087

(State or country of the foreign limited liability company, if not the same as above, must include "Limited Liability Company," "LLC," or "LLP")

(Tax number, if applicable)

4

(Due to transacting business in Florida, if prior to registration, see
Sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5 3129 Springbank Lane

(Street Address of Principal Office)

3129 Springbank Lane

6.

(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

Naples

(City)

Florida

34103

(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)

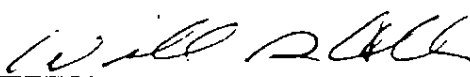
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<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	5150 Tamiami Trail North		<input type="checkbox"/> Member	Address		
<input type="checkbox"/> Authorized		Suite 500		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		Naples FL 34103		<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.

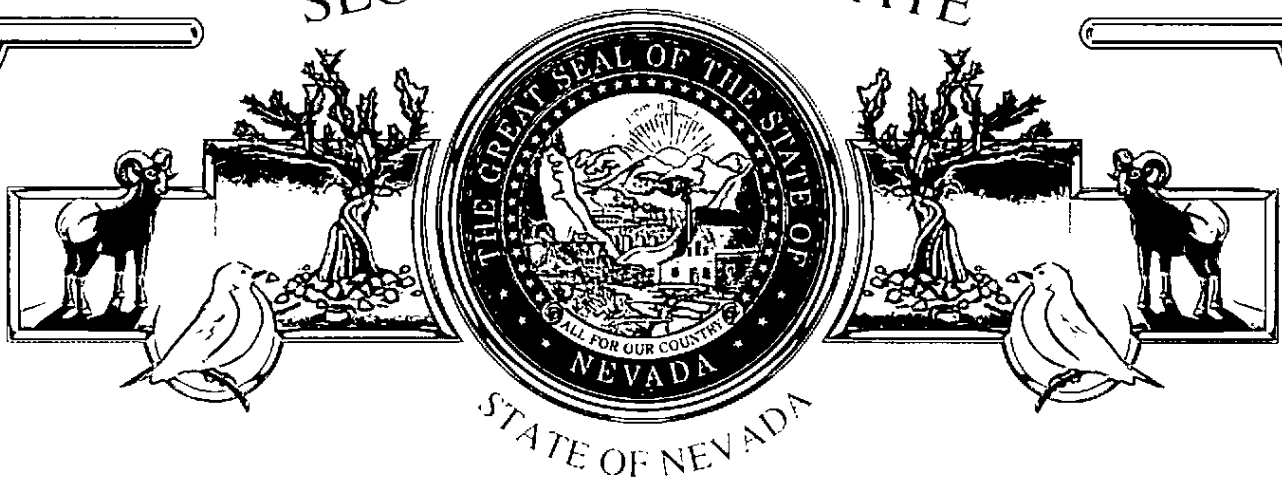


Signature of an authorized person

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 Revised Statutes which are either presently in a status of good standing or were in good standing 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, **TAMPA MINI-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 **04/25/2023**.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: **B202304253601062**

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