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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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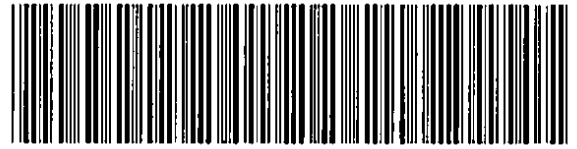
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 216 11th Avenue, 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:

Kenneth M. Turnipseed

Name of Person

Welch & Carlton, LLP

Firm/Company

P.O. Box 758

Address

Moultrie, Ga 31776

City/State and Zip Code

kturipseed@wegalaw.com

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

For further information concerning this matter, please call:

Kenneth M. Turnipseed

229

985-1590

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 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. 216 11th Avenue, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 216 11th Ave., SW
(Street Address of Principal Office)

6. P.O. Box 700
(Mailing Address)

Moultrie, GA 31768

Moultrie, GA 31776

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

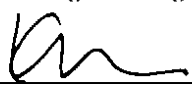
Name: Kristy Branch Banks

Office Address: 171 US Hwy 98, Suite A

Eastpoint, Florida 32328
(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)
Kristy Branch Banks

<u>Title or Capacity:</u> ☐ Manager Name: <u>Randall F. Kirk</u> ☒ Member Address: <u>904 South Main St.</u> ☐ Authorized <u>Moultrie, GA 31768</u> Person <u>561-662-8670</u> ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ Person _____ ☐ Other _____ ☐ Other _____	<u>Title or Capacity:</u> ☐ Manager Name: <u>William Bower Murphy</u> ☒ Member Address: <u>904 South Main St.</u> ☐ Authorized <u>Moultrie, Ga 31768</u> Person <u>561-301-6456</u> ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ Person _____ ☐ Other _____ ☐ Other _____ ☐ Manager Name: _____ ☐ Member Address: _____ ☐ Authorized _____ Person _____ ☐ Other _____ ☐ Other _____
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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

Randal F. Kirk

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

216 11th Avenue, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the 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. It 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 : 25700254
Date Inc/Auth/Filed: 09/16/2019
Jurisdiction : Georgia
Print Date : 08/09/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State