

M23000011691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

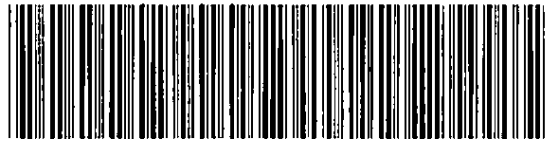
(Business Entity Name)

(Document Number)

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2023 AUG 29 PM 3:15  
TOLSON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Calvert Company 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:

Barbara A. Hewis  
Name of Person

SIC/AS  
Firm/Company

P.O. Box 355  
Address

Day Springs MS 39422  
City/State and Zip Code

Accounting@Sic.ms  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith T. Blakeney at (601) 764-3008  
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. The Calvert Company LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Calvert Company LLC - of MS  
(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. MS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0522315  
(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. 120 Aztec Dr.ve  
(Street Address of Principal Office)

6. 120 Aztec Drive  
(Mailing Address)

Richland MS  
39218

Richland MS  
39218

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

Name: Dereky Wilson

Office Address: 8164 Tompaso St  
NAVARRE, Florida 32566  
(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.

Dereky Wilson  
(Registered agent's signature)

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

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]:

Title or Capacity: Name and Address:  
☒ Manager Name: David Smith  
☐ Member Address: 120 Aztec Drive  
☐ Authorized Richland MS  
Person 39218  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☐ Manager Name: Shannon Nix  
☒ Member Address: 120 Aztec Drive  
☐ Authorized Richland MS  
Person 39218  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Keith T. Blakeney  
☐ Member Address: P.O. Box 355  
☐ Authorized Day Springs MS  
Person 39422  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Jenny Lowery  
☒ Member Address: 120 Aztec Drive  
☐ Authorized Richland MS  
Person 39218  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Greg Oavall  
☐ Member Address: 120 Aztec Drive  
☐ Authorized Richland MS  
Person 39218  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Cliff Walters  
☒ Member Address: 120 Aztec Drive  
☐ Authorized Richland MS  
Person 39218  
☐ Other \_\_\_\_\_ ☐ 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.

Keith Blakeney

Signature of an authorized person

Keith T. Blakeney

Typed or printed name of signee



**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:

### **THE CALVERT COMPANY LLC**

Registered the 26th day of September, 2022

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:

645 LAKELAND EAST DRIVE STE 101  
FLOWOOD, MS 39232

And that the registered agent at that address is:

C. T. CORPORATION SYSTEM

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 21st day of August, 2023

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN23171237

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