

may000004397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

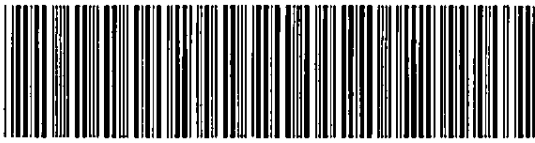
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300421076203

01/05/24--01018--006 **160.00

2024 APR -1, PM 1:06
FBI

55281
h2cm

T. LEMIEUX
APR 05 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casuarina Island Properties, 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:

Joel W. Hemphill, Jr
Name of Person

Firm/Company

1084 Stockett Drive
Address

Nashville, TN 37221
City/State and Zip Code

hemphilljoey@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel W. Hemphill, Jr at (615) 335-7966
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

JOEL W HEMPHILL, JR
1084 STOCKETT DR
NASHVILLE, TN 37221

SUBJECT: CASUARINA ISLAND PROPERTIES, LLC
Ref. Number: W24000018255

We have received your document for CASUARINA ISLAND PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 524A00002369

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. Casuarina Island Properties, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4856178
(EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1084 Stockett Dr.
(Street Address of Principal Office)

6. Same
(Mailing Address)

Nashville, TN 37221

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

Name: Lawrence D. Chatt

Office Address: 6101 Marina Drive

Holmes Beach, Florida 34217
(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.

[Signature]
(Registered agent's signature)

2024 APR -4 PM 1:06

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 type="checkbox"/> Manager	Name:	<u>Joe I W. Hemphill, Jr</u>		<input type="checkbox"/> Manager	Name:	<u>Sue Ann Hemphill</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>1084 Stockett Dr.</u>		<input checked="" type="checkbox"/> Member	Address:	<u>1084 Stockett Dr.</u>	
<input checked="" type="checkbox"/> Authorized		<u>Nashville, TN 37221</u>		<input checked="" type="checkbox"/> Authorized		<u>Nashville, TN 37221</u>	
Person	_____			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		_____	
Person	_____			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		_____	
Person	_____			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.

Joe I W. Hemphill, Jr
Signature of an authorized person

Joe I W Hemphill, Jr.
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

JAMES W. CAMERON III
SUITE 240
112 WESTWOOD PLACE
BRENTWOOD, TN 37027

March 20, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0574338

Issuance Date: 03/20/2024
Copies Requested: 1

Document Receipt

Receipt #: 008802374 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3870036856 \$20.00

Regarding: Casuarina Island Properties, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 06/01/2021
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 1206525
Date Formed: 06/01/2021
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Casuarina Island Properties, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 066412325