

M24000014077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

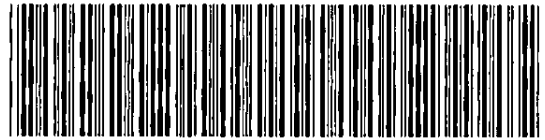
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corban 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:

Wesley W. Bynum, CPA
Name of Person
Bynum CPA, PLLC
Firm/Company
805 S. Church St., Ste. 14
Address
Murfreesboro, TN 37130
City/State and Zip Code
lauren@kevinsparksignaturepools.com
(E-mail address; to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley Bynum	615	896-2864
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 608.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Corban Properties, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-4363719
(EIN Number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See ss. 105.0601 & 105.0605, F.S. to determine poultry liability)

5. 2349 S. Church St., Ste. F
(Street Address of Principal Office)

6. 2349 S. Church St., Ste. F
(Mailing Address)

Murfreesboro, TN 37130

Murfreesboro, TN 37130

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

Name: Kevin Sparks

Office Address: 111 Hammock Lane

Santa Rosa Beach, Florida 32459
(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)

STATE OF FLORIDA
TALLAHASSEE, FL

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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: Kevin Sparks
☒ Member	Address: 2349 S Church St
☐ Authorized	Ste F
Person	Murfreesboro, TN 37130
☐ Other	
☐ Other	

Title or Capacity:	Name and Address:
☒ Manager	Name: Lauren Sparks
☐ Member	Address: 2349 S Church St
☐ Authorized	Ste F
Person	Murfreesboro, TN 37130
☐ Other	
☐ Other	

☐ Manager	Name: Wesley Bynum
☐ Member	Address: 805 S Church St
☒ Authorized	Ste 14
Person	Murfreesboro, TN 37130
☐ Other	
☐ Other	

☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	
☐ Other	

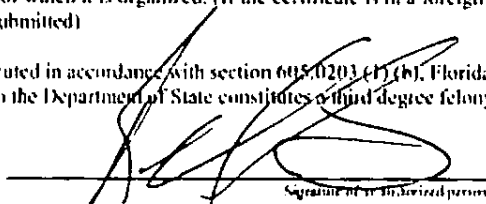
☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	
☐ Other	

☐ Manager	Name:
☐ Member	Address:
☐ Authorized	
Person	
☐ Other	
☐ Other	

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 authorized person
 Kevin Sparks
 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

WESLEY BYNUM
STE 14
805 S CHURCH ST
MURFREESBORO, TN 37130

October 22, 2024

Request Type: Certificate of Existence/Authorization

Request #: 0607892

Issuance Date: 10/22/2024

Copies Requested: 1

Document Receipt

Receipt #: 009301643

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3884187451

\$20.00

Regarding: Corban Properties, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 08/08/2024

Status: Active

Duration Term: Perpetual

Business County: RUTHERFORD COUNTY

Control #: 1566856

Date Formed: 08/08/2024

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

Corban 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 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

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