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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : T20160000017

Phone : (855) 498-5500

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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Foreign Limited Liability Company TEAL TIMBER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

BJECT: Teal Timber,	HC	
RIECT: Togs timest	Nan	ne of Limited Liability Company
enclosed "Application	by Foreign Limited Lighility	Company for Authorization to Transact Business in Florida," Certificate
stence, and check are su	binitted to register the above	referenced foreign limited liability company to transact business in Florid
ese return all correspond	lence concerning this matter t	to the following:
		Name of Person
Capitol S	Services - Corporate Filing	s Team
		Firm∕Соприу
515 Eas	t Park Avenue 2nd Fl	
		Address
Tallahas	see, FL 32301	
1 81101 103		City/State and Zip Code
jones@th	ile:com	
<u> </u>	E-mail address: (to b	e used for future annual report notification)
further information con	cerning this matter, please ca	n:
		'abr 400 0000
		at (856) 498 - 5500 Area Code Daytime Telephone Number
ŗ	Name of Contact Person	Area Cixic Dayline Telephone Number
MAILING ADDI	RESS:	STREET ADDRESS:
Division of Corpo		Division of Corporations
Registration Section	on	Registration Section
P.O. Box 6327	***	Clifton Building 2661 Executive Center Circle
Tallahasece, FL 3	2314	Tallabassee, FL 32301
	k for the following amount	D. COTTATE OF STATE
	c payable to: FLORIDA DE	PARLMENT OF STATE
\$125.00 Film		

ÁPPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (ISSUE FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKYN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Teal Timber, LLC (Name of Foreign Limited Liability Company, most include "Limited Liability Company;" "L.L.C., or "LLC.") (If name unraliable, other absence name adopted for the purpose of transacting duriness in Florida. The absence carrie casts include "Limited Liability Company," "L.L.C," or "LLC," Delaware (FEI pumber, if applicable) 6. 115 Perimeter Center Place, Suite 940 115 Perimeter Center Place, Suite 940 (Street Address of Principal Office) Atlanta, GA 30346 Atlanta, GA 30346 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Office:Address; , Florida 32301 Tallahassee (Chy) 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 agant's aignature)

Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

8. Por initial index manage [up-to six (ing purposes, list names, title or capacity and address total]:	esses of the primary n	embers/mins	gers or persons authorized to			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:			
Manager:	Name; Parliament Timber, LLC	Manager	Name:				
Member	Address: 115 Perimeter Center Place, Suite 940	Member	Address:				
∏Authońiżed	Atlanta, GA 30346	☐ Authorized					
Person		Person					
Other	Other	Other		Other			
Manager	Name:	☐ Manager	Name:				
Member	Address:	Member	Address:				
Authorized		☐ Authorized					
Person		Person					
Other	Other	Other		Other			
Manager	Name:	Manager	Name:				
☐Member	Address:	☐ Member	Address:				
Authorized		☐ Authorized					
Person		Person					
Other	Other	Other		Other			
9. Attached is a cert jurisdiction under the of the translator mu.	is executed in accordance with section 605.0203 (1 ment to the Department of State constitutes a third	la Department of State y authenticated by the in a foreign language) (b), Florida Statutes, degree felony as provi	Annual Report official havin , a translation I am aware the	in form. g custody of records in the of the certificate under oath hat any false information			
Timothy J. Hartigan Typed or prised ounce of signer							



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TEAL TIMBER, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAL TIMBER, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6359689 8300
SR# 20213795293
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204687218

Date: 11-15-21