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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

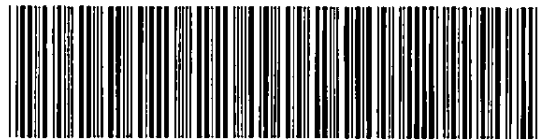
(Business Entity Name)

(Document Number)

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TA. AMASSOR, FL

2024 MAY 24 PM 6:01

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gaither Westpark Property 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:

Don Bishop

Name of Person

SR Companies LLC

Firm/Company

2573 Barrington Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

allison.bishop@thesrcompanies.com

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

For further information concerning this matter, please call:

Allison Bishop

Name of Contact Person

at (**850**)

Area Code

583-7990

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. Gaither Westpark Property 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 99-1142060 (FEI number, if applicable)

4. 06/01/2024 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2573 Barrington Circle (Street Address of Principal Office) Tallahassee, FL 32308 6. 2573 Barrington Circle (Mailing Address) Tallahassee, FL 32308

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

Name: Registered Agents Inc Office Address: 7901 4th St N STE 300 St Petersburg, Florida 33702

FILED 2024 MAY 24 PM 6:01 STATE OF FLORIDA TALLAHASSEE, FL

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.

See attached (Registered agent's signature)

Gaither Westpark Property LLC

Home State: Delaware

Thank you for your order!

Your payment has been processed. Your order confirmation number is **#A56FZWE**

Your Registered Agent Details

Florida

Registered Agents Inc
7901 4th St N STE 300
St. Petersburg, FL 33702

Start Date: 4/11/2024
End Date: 4/11/2025

Authorized individual on behalf of the Registered Agent David Roberts

Whether you are trying to form a new company, change your existing Registered Agent, or registering your company to do business in another state, we can help!

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>MSI Associates LLC</u>	<input type="checkbox"/> Manager	Name: <u>Eric P Sweeney</u>
<input checked="" type="checkbox"/> Member	Address: <u>2573 Barrington Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>9887 Murfreesboro Rd</u>
<input type="checkbox"/> Authorized	<u>Tallahassee, FL 32308</u>	<input type="checkbox"/> Authorized	<u>Lebanon, TN 37090</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Topgallant Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Mountaineer Investments LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>185 Old Magnolia Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>600 Grand Panama Blvd #304</u>
<input type="checkbox"/> Authorized	<u>Crawfordville, FL 32327</u>	<input type="checkbox"/> Authorized	<u>Panama City Beach, FL 32407</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 _____

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 an authorized person

Donald W Bishop Jr

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "GAITHER WESTPARK PROPERTY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2023, AT 11:32 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "GAITHER WESTPARK PROPERTY, LLC".



2415452 8100H
SR# 20242032038

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203452880

Date: 05-10-24