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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:			

## ----<del>-</del>-

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Isleworth Partners, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

### FILE SECOND

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OCT 16 2020 M. SOLOMON

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L.	rs, me.			
	orporation; must include "INCORPORATEI orp." "Inc." "Co." or "Corp.")	Э,"	"COMPANY," "CORPORATION,"	
(If name unavaila	ible in Florida, enter alternate corporate nam	ne a	adopted for the purpose of transacting business in Florida)	
Delaware		3	20-0663950	
(State or countr	tate or country under the law of which it is incorporated)		(FEI number, if applicable)	
05/12/2020			perpetual	
ł(Date	(Date of incorporation)		(Date of duration, if other than perpetual)	
05/14/2020	or meorperation,			
5	(Data first transported hypings		Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.	'.15	02, F.S., to determine penalty liability)	
One Park Plaza, A	Nashville, TN 37203			
7,	(Prine	cin	al office address)	
PO Box 750, Nas	shville, TN 37202	1	•	
	(Current ma)	ilir	g address, if different)	20:
	(Current time		g address, it differently	2020 OCT
0 Name and assess	et address of Florida registered agent: (I	D C	Pay NOT accentable)	CT
s. Name and stree	<del></del>	ı .C	1. Hox MOT acceptable)	6
Name:	C T Corporation System			_0
Office Address:	1200 South Pine Island Road		က်ပြ 	PH 4:
	Plantation.		33324 , Florida	44
	(City)		(Zip code)	

#### 9. Registered agent's acceptance:

Intercounts Donto and Loc

Having been named as registered agent and to accept service of process for the above stated corporation 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.

By: Lisa D. Dubois, Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A.	DIRECTORS	

Director:	Edward T. Jones					
Address:	1100 Dr. Martin L. King, Jr. Blvd, Suite 1100					
	Nashville, TN 37203					
Director:	Jane Englebright					
Address:	One Park Plaza					
	Nashville, TN 37203					
Director:	Sherri Neal					
Address:	One Park Plaza					
	Nashville, TN 37203					
Director:	Mark A. Vogt					
Address:	1031 Zorn Avenue					
	Louisville, KY 40207					
B. OFFICE	RS	2020 OC				
President:	Edward T. Jones					
Address:	1100 Dr. Martin L. King, Jr. Blvd., Suite 1100	87 16				
	Nashville, TN 37203	ا عقد ا				
Vice President	John M. Franck II	FATE PATE	٠_			
Address:	One Park Plaza					
	Nashville, TN 37203					
VP/ Secretary:	Natalie H. Cline	<del></del>				
Address:	One Park Plaza, Nashville, TN 37203					
Treasurer:	J. William B. Morrow					
Address:	One Park Plaza, Nashville, TN 37203					
	ecessary, you may attach an addendum to the application listing additional officers and/	or directors.				
12	Signature of Director or Officer					
The officer o	r director signing this document (and who is listed in number 11 above) affirms that the hat he or she is aware that false information submitted in a document to the Department efforms as provided for in s.817.155. F.S.					
13. <u>Nat</u>	alie H. Cline. Vice President and Secretary					
	(Typed or printed name and canacity of person signing application)					

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ISLEWORTH PARTNERS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 203878405

Date: 10-16-20