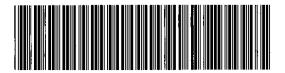
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(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2011 JUN 13 MM ID: 57
SECRETARY OF STATE

JUN 14 2011
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: TBE Management Cor					
Name of Limited Liability Company					
	pility Company for Authorization to Transact Business in Florida, bove referenced foreign limited liability company to transact busi				
Please return all correspondence concerning this ma	atter to the following:				
Lutishia Brown- Edwards	S				
	Name of Person				
TBE Management Compa					
	Firm/Company				
3427 Hill Lane					
	Address				
Acworth, GA 30102					
	City/State and Zip Code				
tbedwards@bellsouth	net				
	to be used for future annual report notification)				
For further information concerning this matter, plea	se call:	2011 JUN 1			
Tish Brown-Edwards	at (770) 875-7849  Area Code & Daytime Telephone Number		3 A		
Name of Person	at (770) 875-7849		P Garrier		
	mo		granaji		
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	1	i li		
Registration Section	Registration Section	Ç	-		
P.O. Box 6327	Clifton Building	S			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	-			
Enclosed is a check for the following amou  \$\int\\$125.00 \text{ Filing Fee}  \text{\$\int\\$130.00 \text{ Filing Fe}}  \text{Certificate of State}	e & \$\Bigcip\$155.00 Filing Fee & \$\Bigcip\$\$160.00 Filing Fee, Certification	ite			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ted for the purpose of transacting business in Florida and attach a copy of the write adopting the alternate name. The alternate name must include "Limited Liability"
3. 27-5032980 (FEI number, if applicable)
5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
d business in Florida, if prior to registration.)  1 & 608.502 F.S. to determine penalty liability)
(Street Address of Principal Office)
ager-managed company, check here   tes of the managing members or managers are as follows:  Lutishia Brown-Edwards
3427 Hill Lane
Acworth, GA 30102
no more than 90 days old, duly authenticated by the official having custody of record red. (A photocopy is not acceptable. If the certificate is in a foreign language, a ator must be submitted.)  e conducted or promoted in Florida: business management

Typed or printed name of signee

Lutishia Brown-Edwards

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
TBE Management Company		
If unavailable, the alternate to be used in the state of Florida is:		
TB Management Company,LLC		
2. The name and the Florida street address of the registered agent and office are:	ZOLL JUN SECKETA	بران از اندان
Lee A. Stephens	SS 3	-
(Name)		1
6315 Ricker Road	\$57 STATE LORIDA	T.
Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)	<b>3</b> -	
Jacksonville FL 32244 City/State/Zip		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Lu A (Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

## STATE OF GEORGIA

### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### TBE MANAGEMENT COMPANY, LLC

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 02/22/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of June, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7533123-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp