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| (Rec                      | questor's Name)    |           |  |  |
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| PICK-UP                   | ☐ WAIT             | MAIL      |  |  |
| (Bus                      | siness Entity Name | e)        |  |  |
| (Document Number)         |                    |           |  |  |
| Certified Copies          | _ Certificates     | of Status |  |  |
| Special Instructions to F | Filing Officer:    |           |  |  |
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EXAMINER

#### **COVER LETTER**

| Division of Corporations   |              |
|--|--------------|
| SUBJECT: FD Graceville, LLC  |              |
| Name of Limited Liability Company  |              |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric Existence, and check are submitted to register the above referenced foreign limited liability company to transact business." |              |
| Please return all correspondence concerning this matter to the following:  |              |
| John E. Lansche, Jr.   | _            |
| Name of Person   | ~            |
| Graybill & Lansche, LLC  |              |
| Firm/Company   | _            |
| 2721 Devine Street Columbia, SC 29205  |              |
| Address  | _            |
| Columbia, SC 29205   | _            |
| City/State and Zip Code  | 201          |
| jlansche@graybillandlansche.com  |              |
| E-mail address: (to be used for future annual report notification)   |              |
| For further information concerning this matter, please call:   |              |
| John E. Lansche, Jr at (803) 404-5702  |              |
| Name of Person Area Code & Daytime Telephone Number  | _ <u>:</u> . |
| MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations  |              |
| Registration Section Registration Section P.O. Box 6327 Clifton Building   |              |
| Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301  |              |
| Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certified Copy} \int_{160.00}\$ \text{Filing Fee, Certified Copy} \int_{160.00}\$ \text{Filing Fee, Certified Copy}    |              |

### 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:

| 1. FD Graceville, LLC  (Name of Foreign Limited Liability Company; must inclu   | ide "I imited Liability Company" "I I C " or "I I C")  |
|---|--|
| (Name of Poleigh Enimed Elability Company, must men   | tue Limited Liability Company, E.L.C., or ELC. )   |
| (If name unavailable, enter alternate name adopted for the purpo<br>consent of the managers or managing members adopting the alte<br>Company," "L.L.C," "LLC.")   | se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability   |
| South Carolina  | 3. N/A   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)  |
| November 13, 2012   | November 13, 2087  |
| (Date of Organization)  | (Duration: Year limited liability company will cease to exist or "perpetual")  |
| 5. N/A  | ······································   |
| (Date first transacted business in Flo<br>(See sections 608.501 & 608.502 F.S.  | orida, if prior to registration.) . to determine penalty liability)  |
| 2050 CR Hwy. 30A West, Bldg. M1 Unit 231  |  |
| Santa Rosa Beach, FL 32459  | Z: 28  |
| (Street Address   | of Principal Office)   |
| B. If limited liability company is a manager-managed  | and the second of the second o |
| P. The name and usual business addresses of the mana  | aging members or managers are as follows:  |
| TCB Management, LLC   |  |
| 825 Lowcountry Blvd., Suite 204   | υ. — <del>ω</del>  |
| Mt. Pleasant, SC 29464  |  |
| 10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be submit. Nature of business or purposes to be conducted or | nitted.)   |
| Signature of a member or an au  | thorized representative of a member.   |
| (In accordance with section 608 408 (3), F.S., the execupenalties of perjury that the facts stated herein are true  | ution of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.)   |

Typed or printed name of signee

## 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                                   | of the Limited Liability Company is:                              |            |          |    |
|--|---|------------|----------|----|
| If unavailable,                                  | the alternate to be used in the state of Florida is:              |            |          |    |
| 2. The name a                                    | and the Florida street address of the registered agent and office | e are:     | 2017     |    |
| Brigham E. Woodward                              |   | CAH        | 2013 SEP | •  |
|  | (Name)  | ASSI       | 30       |    |
| 2050 CR Hwy. 30A West, Bldg. M1 Unit 231         |   |            |          |    |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |   | Correction | بب       | ٠. |
|  | Santa Rosa Beach FL 3245  | 121        | 13       |    |
|  | 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.

(Signature)

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

## The State of South Carolina



Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FD GRACEVILLE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 13th, 2012, with a duration that is until November 13th, 2087, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of September, 2013.

Mark Hammond, Secretary of State