# M14000005675

(Re	equestor's Name)	
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#### **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	TCN Holdings, LLC	
Sobstici	Name of Limited Liability Company	
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flo nd check are submitted to register the above referenced foreign limited liability company to transac	
Please return a	n all correspondence concerning this matter to the following:	
	Bryan J. Kiefer	
	Name of Person	
•	Bryan J. Kiefer, P.A.	
	Firm/Company	
•	495 Grand Blvd., Suite 206	
	Address	<del></del>
	Miramar Beach, FL 32550	
	City/State and Zip Code	
	bryan@bryankieferlaw.com	
	E-mail address: (to be used for future annual report notification)	
_	information concerning this matter, please call:	
Br	Bryan J. Kiefer850830-2843	
	Name of Contact Person Area Code Daytime Telephone Number	ner
Divisi Regis P.O. I	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building Dlahassee, FL 32314 Clifton Building C	
	is a check for the following amount:  \$125.00 Filing Fee \$\Bigsup \$130.00 Filing Fee & \$\Bigsup \$155.00 Filing Fee & \$\Bigsup \$160.00 Filing Certificate of Status & Certified Copy of Status & Ce	

## 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. TCN Holdings, LLC	711271.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	.," or "LLC.")	•
N/A (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name adopted for the purpose of transacting business in Florida.	ste name must include "Lin	iited
Liability Company," "L.L.C," or "LLC.")		
<sub>2.</sub> Missourri 3. 46-5479121		_
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	plicable)	
<sub>4</sub> N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		•
<sub>5.</sub> 1060 Caleb Drive		<u>.</u>
Arnold, MO 63010		_
(Street Address of Principal Office)	· • • • • • • • • • • • • • • • • • • •	-
6 1060 Caleb Drive		~
Arnold, MO 63010		
(Mailing Address)	7 - C/2	-
7. The name, title or capacity and address of the person(s) who has/have authority t	o manage is/are:	
George Johnson, Manager		* *
	- 170 % - 170 %	- :
	me B	- 1
	<u>ب</u> س	
	<u> </u>	-
8. Attached is an original certificate of existence, no more than 90 days old, duly aut having custody of records in the jurisdiction under the law of which it is organized. (acceptable. If the certificate is in a foreign language, a translation of the certificate u must be submitted)	(A photocopy is not	
George Jahron		
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of para aware that any false information submitted in a document to the Department of State constitutes a third degree felony as parameters.		
George Johnson		

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

<ol> <li>The name of the Limited Liability Compa</li> </ol>	ny is:
-------------------------------------------------------------	--------

#### TCN Holdings, LLC

If unavailable, the alternate to be used in the state of Florida is:

#### N/A

2. The name and the Florida street address of the registered agent and office are:

Bryan J. Kiefer, Esq.

(Name)

495 Grand Blvd., Suite 206

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miramar Beach

527

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 605, 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)

# STATE OF MISSOURI



#### Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

TCN Holdings, LLC LC1395982

was created under the laws of this State on the 23rd day of April, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of June, 2014.

Secretary of State

Certification Number: CERT-06272014-0103

