

M15000003907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

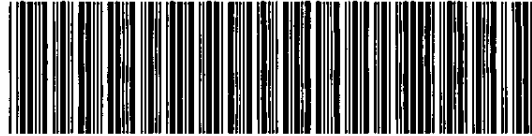
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200272594622

05/13/15--01025--011 \*\*125.00

FILED  
15 MAY 13 AM 7:53  
CLERK OF STATE  
HALLANDALE BEACH, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TDG ST PETE, 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:

T. DAVIS GORDON

\_\_\_\_\_  
Name of Person

TDG ST. PETE, LLC

\_\_\_\_\_  
Firm/Company

PO BOX 3226

\_\_\_\_\_  
Address

GULFPORT, MS 39505

\_\_\_\_\_  
City/State and Zip Code

RROSTRUP@TDLCRE.COM

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

For further information concerning this matter, please call:

REBECCA ROSTRUP

228

679-1156

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$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. TDG ST. PETE, 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. Mississippi 3. Applied For  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 12287 Highway 49  
Gulfport, MS 39503  
(Street Address of Principal Office)

6. PO Box 3226  
Gulfport, MS 39505  
(Mailing Address)

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

Name: T. Davis Gordon  
Office Address: 898 30th Avenue North  
St. Petersburg, Florida 33704  
(City) (Zip code)

**Registered agent's acceptance:**

*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.*

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

T. Davis Gordon, Manager  
12287 Highway 49  
Gulfport, MS 39503

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)

[Signature]  
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 perjury that the facts stated herein are true. 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.)

T. Davis Gordon  
Typed or printed name of signee

FILED  
15 MAY 13 AM 7:53  
CLERK OF THE  
DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA

**F0100**

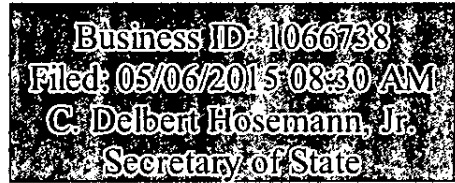
**2015327520**

**Fee: \$ 50**



**DELBERT HOSEMANN**  
*Secretary of State*

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**



**TELEPHONE: (601) 359-1633**

**Mississippi Limited Liability Company Certificate of Formation**

**Business Information**

**Business Type:** Limited Liability Company  
**Business Name:** TDG ST PETE, LLC  
**Business Email:** dgordon@tdlcre.com  
**Period of Duration:** Perpetual

**NAICS Code/Nature of Business**

531130 - Lessors of Miniwarehouses and Self-Storage Units

**Registered Agent**

**Name:** T Davis Gordon  
**Address:** 12287 Highway 49  
Gulfport, MS 39503

**Signature**

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **05/06/2015**.

**Name:**  
T Davis Gordon  
*Member*

**Address:**  
12287 Highway 49  
Gulfport, MS 39503

FILED  
15 MAY 13 AM 7:53  
SECRETARY OF STATE  
JACKSON, MISSISSIPPI



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **TDG ST PETE, LLC**

Registered the 6th day of May, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

12287 Highway 49  
Gulfport, MS 39503

And that the registered agent at that address is:

T Davis Gordon

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 6th day of May, 2015

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN15009231

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>