

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001437013)))



H150001437013ABCW

	ν Θ	lote: DO NO		ELOAD button on your browser from this page.
_		pmin for	Doing so will g	enerate another cover sheet.
	2	F44 (2) (4) (4)		
VE	<u>a</u>	To:		
		71.5 10; %- la.	Division of Co	rnorations
(_)	CSI	100 mg		: (850)617-6381
	-	<i>4</i> 2	tux number	. (000/01/ 0001
lij Lij	2	From:	•	
	=,	31	Account Name	: C T CORPORATION SYSTEM
	5	L. 2 ₀₀₀ 3	Account Number	: FCA000000023
	~ -	Wast	Phone	: (850)205-8842
			Fay Number	19501979-5369

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

Email Address:

Foreign Limited Liability Company
Escape Cattle Company LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

g 16/15/15

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE				enter-
	Name of	Limited Liability Company		
The encl Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to referenced foreign limited list	o Transact Business in Floridability company to transact bu	a," Certificate of siness in Florida
Picase n	eturn all correspondence concerning this matter	to the following:		
		Name of Person		-
		F. (0		
		Firm/Company		कें ज
	Address			JUN 12
		City/State and Zip Code		्रीहीं 🍱 ए
	E-mail address: (to	oc used for future annual report n	ortification)	94 F. F. Co.
For furt	er information concerning this matter, please ca	ulf:at ()		
	MAILING ADDRESS: S Division of Corporations D Registration Section R P.O. Box 6327 C Tallahassee, FL 32314 26	Aren Code IREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301	Daysime Telephone Number	
Enclos	ed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \sum \\$130.00 \text{ Filing Fee} \text{Certificate of State}		e & 🛘 \$160.00 Filing Fee, of Status & Certifle	

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:

(Stroot Address of Principal Office) (Mailing Address) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: In H. Ingram II, Member (Mashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official original custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted) Signature of an authorized person Signature of an authorized person	name unavailable, enter alternate name adopted for the purpose of transacting ability Company," "L.L.C," or "LLC.")	business in Florida. The alternate name must include "L	,um)ice
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: In H. Ingram II, Member Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiaring custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted) Signature of an authorized person			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0903, F.S. to determine penalty liability) 4400 Harding Road, 9th Floor, Nashville, TN 37205 (Street Address of Principal Office) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rrin H. Ingram II, Member 00 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officializing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted) Signature of an authorized person Signature of an authorized person	Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)	
(See sections 605.0904 & 605.0903, F.S. to deformine penalty liability) 4400 Harding Road, 9th Floor, Nashville, TN 37205 (Street Address of Principal Office) (Mailing Address) (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: trin H. Ingram II, Member 00 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiating custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatust be submitted) Signature of an authorized person Signature of an authorized person		420	
(Street Address of Principal Office) 4400 Harding Road, 9th Floor, Nashville, TN 37205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rin H. Ingram II, Member 00 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations be submitted) Signature of an authorized person Signature of an authorized person	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to c	If prior to registration.) leformine penalty liability)	C)
(Street Address of Principal Office) 4400 Harding Road, 9th Floor, Nashville, TN 37205 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rin H. Ingram II, Member On Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official ring custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations be submitted) Signature of an authorized person secondance with section 603,0203, F.S., the procedure of this document constitutes an affirmation under the penalties of perjuty that the faces stated herein as	4400 Harding Road, 9th Floor, Nashville, TN 37205	फ्रेंट्र <u>च</u>	_≅
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: In H. Ingram II. Member Of Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the officialisting custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations be submitted) Signature of an authorized person Signature of an authorized person accordance with section 605.0203, F.S., the resocution of this document constitutes so afformation under the penalties of perjuty that the faces stated herein a		min state of the s	12
(Mailing Address) (Mailing Addr	(Street Address of Princ	ipal Office)	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rin H. Ingram II, Member On Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officienting custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translature be submitted) Signature of an authorized person secondance with section 605.0203, F.S., the secontion of this document constitutes are affirmation under the penalties of perjuty that the focus stated herein as	4400 Harding Road, 9th Floor, Nashville, TN 37205	ر کے انگرام روست و انگرام	
(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rin H. Ingram II, Member On Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officient of the certificate in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations be submitted) Signature of an authorized person secondance with section 605.0203, F.S., the resocution of this document constitutes so affirmation under the penalties of perjuty that the faces stated herein as			
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: rin H. Ingram II, Member 00 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officient of the certificate in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translations be submitted) Signature of an authorized person secondance with section 605,0203, F.S., the resecution of this document constitutes as affirmation under the penalties of perjuty that the faces stated herein as			
sceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translat ust be submitted) Signature of an authorized person secondance with section 605.0203, F.S., the execution of this document constitutes an afformation under the penalties of perjury that the facts stated herein as	. The name, title or capacity and address of the person(s)	15)	0
Signature of an authorized person secondance with section 605.0203, F.S., the sescution of this document constitutes an afformation under the penalties of perjury that the facts stated herein as	. The name, title or capacity and address of the person(s) when H. Ingram II, Member	15)	<u>.</u> 0
Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the faces stated herein as swere that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.155, F.S.)	The name, title or capacity and address of the person(s) when H. Ingram II, Member 400 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more thaving custody of records in the jurisdiction under the law of ceptable. If the certificate is in a foreign language, a transle	who has/have authority to manage is/are: an 90 days old, duly authenticated by the of which it is organized. (A photocopy is no	 officia
	The name, title or capacity and address of the person(s) when H. Ingram II, Member 400 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more thaving custody of records in the jurisdiction under the law of ceptable. If the certificate is in a foreign language, a transless	who has/have authority to manage is/are: an 90 days old, duly authenticated by the of which it is organized. (A photocopy is no	 officia
	7. The name, title or capacity and address of the person(s) or in H. Ingram II, Member 400 Harding Road, 9th Floor, Nashville, TN 37205 Attached is an original certificate of existence, no more thaving custody of records in the jurisdiction under the law occeptable. If the certificate is in a foreign language, a translust be submitted) Signature of an author section 605.0203, F.S., the resecution of this document constitutes as	who has/have authority to manage is/are: an 90 days old, duly authenticated by the of f which it is organized. (A photocopy is no ation of the certificate under oath of the tra orized person affirmation under the penalties of perjuty that the focus stated h	official t unslat

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.

AGENT IN	THE STATE OF FLORIDA.		
l. The name	of the Limited Liability Compa	any is:	
ESCAPE CAT	TLE COMPANY LLC		•
(f unavailab	e, the alternate to be used in the	state of Florida is:	
2. The name	e and the Florida street address	of the registered agent and office are:	•
	C T Corporation System		
		(Name)	
	1200 South Pine Island Road		
	Florida Street Add	fress (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		City/State/Zip	
iability com registered ag itatutes rela	pany at the place designated in t ent and agree to act in this capa ing to the proper and complete p	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and altered agent as provided for in Chapter 605, Florida	!
	C T Corporation System By: (Signs	Total Konson Ass. Scorery	15
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Conv (optional)	IN CL MAP

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ESCAPE CATTLE COMPANY LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED 15 JUN 12 PN 12: 40

5763908 8300

150912468

You may verify this certificate online at corp.delaware.gov/authver.ehtml

AUTHENTY CATION: 2459009

DATE: 06-11-15