# #11/5000005000

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PICK-UP WAIT MAIL
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2015 JUN 23 PH 4: 33

K.SALY EXAMINER JUN 25 2015

## COVER LETTER ...

TO:	Registration Section Division of Corporation	ทร				
CHIR IE	'€Т•	Teasiev !	SERVICES GRO	ue IIC		
SUBJECT: TEASLEY SERVICES GROUP, LLC  Name of Limited Liability Company						
					nsact Business in Florida," Certificat company to transact business in Flor	
Please	return all correspondence	concerning this matter to the	following:			
TINA PERRYMAN						
Name of Person						
Teach by Schwiere Chough II C						
TEASLEY SERVICES GROUP, LLC Firm/Company						
47   1 TROUSDALE DRIVE SUITE 2   5						
Address						
Nashville, Tn 37220						
City/State and Zip Code						
TPERRYMAN@TEASLEYSERVICES.COM						
TPERRYMAN@TEASLEYSERVICES.COM  E-mail address: (to be used for future annual report notification)						
For fur	ther information concerni	ng this matter, please call:				
		of Contact Person	at (615 Area Code		27.2995 time Telephone Number	
	Name	or Condict Person	Alea Code	Day	une recpione runiber	
MAILING ADDRESS: Division of Corporations Registration Section				ADDRESS: of Corporations		
			Registrati	on Section		
	P.O. Box 6327 Tailahassee, FL 32314				uilding cutive Center Circle ce, FL 32301	
Enclose	ed is a check for the follow	ving amount:				
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$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 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I. TEASLEY SERVICES GROUP, 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. TENNESSEE  3. 62-1689269 (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. UPON ACCEPTANCE
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
Frank Samuel Committee of the samuel of the
5. TEASLEY SERVICES GROUP, LLC
4711 TROUSDALE DRIVE. SUITE 215 NASHVILLE. TN 37220 Street Address of Principal Office)
6. TEASLEY SERVICES GROUP, LLC
4. UPON ACCEPTANCE  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. TEASLEY SERVICES GROUP, LLC  47.1 TROUSDALE DRIVE, SUITE 21.5 NASHVILLE, TN 37220 (Street Address of Principal Office)  6. TEASLEY SERVICES GROUP, LLC  47.1 TROUSDALE DRIVE, SUITE 21.5 NASHVILLE, TN 37220 (Mailing Address)
• •
7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: INCORP SERVICES, INC.
Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE , Florida 33470
(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.  Chief of Incorp Services, Inc.  Registred agent signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
FRANK L. TEASLEY, P.E. (CHIEF MANAGER)
47     Trousdale Drive, Suite 2   5
NASHVILLE, TN 37220
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction 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)  3. Juliand Juliany 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 he facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third tegree felony as provided for in s.817.155, F.S.)

F. LILLARD TEASLEY
Typed or printed name of signee



# STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

F. LILLARD TEASLEY

**SUITE 215 4711 TROUSDALE DRIVE** NASHVILLE, TN 37220

Request Type: Certificate of Existence/Authorization

Request #:

0166133

Issuance Date: 06/17/2015

Copies Requested:

Filing Fee:

Formation Locale: TENNESSEE

424135

03/26/2002

Control #:

Date Formed:

Inactive Date:

Receipt #: 002104113

Payment-Credit Card - State Payment Center - CC #: 163143340

\$22.25

\$22.25

June 17, 2015

Regarding:

**TEASLEY SERVICES GROUP, LLC** 

Filing Type:

Limited Liability Company - Domestic

Status:

Formation/Qualification Date: 03/26/2002

**Duration Term:** 

Active

Business County: DAVIDSON COUNTY

Perpetual

## CERTIFICATE OF EXISTENCE

**Document Receipt** 

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## TEASLEY SERVICES GROUP, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State
Verification #: 012411015

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