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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2016

SHANNON STITH (WALK-IN) THOMAS CUISINE MANAGEMENT 700 E FRANKLIN ROAD MERIDIAN, ID 83642

SUBJECT: THOMAS MANAGEMENT LLC

Ref. Number: W16000036402

We have received your document for THOMAS MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 216A00010661

COVER LETTER

TO:		stration Section sion of Corporation	ns .			; .				
CHID H		THOMAS MANAC	EMENT LLC							
SUBJI	EC1: _		Name of	Limited Liability C	Company					
						nsact Business in Florida," Certificate of company to transact business in Florid				
Please	return a	all correspondence c	oncerning this matter to the	following:						
		SHANNON ST	ТТН							
			Name of Person							
		THOMAS CUISINE MANAGEMENT								
		Firm/Company								
		700 E FRANKLIN ROAD								
	Address									
		MERIDIAN, IDAHO 83642								
		City/State and Zip Code								
		SSTITH@THOMASCUISINE.COM								
		-	E-mail address: (to be used for future annual report notification)							
For fur	ther inf	ormation concerning	g this matter, please call:							
	SHA	SHANNON STITH		208 at (884-576	66				
		Name o	f Contact Person	Area Code	Day	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADD Division of Cor Registration Se Clifton Building 2661 Executive Tallahassee, FL		of Corporations on Section uilding cutive Center Circle				
Enclosed is a check for the following amount: \$\Boxed{1} \$125.00\$ Filing Fee \$\Boxed{1} \$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:

THOMAS MANAGEM	ENT LLC gn Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.	.," or "LLC.")			
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting be or "LLC.")	usiness in Florida. The alternat	e name must incl	ude "Limited		
2. IDAHO	3. 82-0410	020				
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applic	cable)			
4. JUNE 1, 2016	(Date first transacted business in Florida, if po	rior to registration.)				
5. THOMAS MANAGEM	(Date first transacted business in Florida, if p. (See sections 605.0904 & 605.0905, F.S. to dete IENT, LLC	ermine penalty liability)				
700 E FRANKLIN ROA	AD MERIDIAN IDAHO 83642 (Street Address of Principal Office)					
6. THOMAS CUISINE MA		-17				
700 E FRANKLIN ROA	AD MERIDIAN IDAHO 83642			No. of Physics 1		
,	(Mailing Address)		النا لِمُسَالِينَ	m		
7. Name and street address	of Florida registered agent: (P.O. Box NOT a	cceptable)	S PO			
Name:	NORTHWEST REGISTERED AGENT	LLC	4: 24 STATE ORIDA			
Office Address:	3030 N. Rocky Point Drive, STE 15	0A	Sm £			
	TAMPA (City)	, Florida 33607	_, Florida <u>33607</u>			
Registered agent's accept:	e)					
Having been named as reg this application, I hereby a	istered agent and to accept service of process f ccept the appointment as registered agent and atutes relative to the proper and complete perf ion as registered agent.	agree to act in this capacity formance of my duties, and	y. I further agi I I am familiar i	ree to comply with and accep		
-	(Registered agent's signa	/Secretary/Northwest	t Registered	Agent LLC		
•	city and address of the person(s) who has/have a 00 E FRANKLIN ROAD MERIDIAN, ID 8364	,				
MATTHEW THOMAS, SI	ECRETARY 700 E FRANKLIN ROAD MERI	DIAN, ID 83642				
SHANNON STITH, CFO	700 E FRANKLIN ROAD MERIDIAN, ID 836	542				
	of existence, no more than 90 days old, duly auth f which it is organized. (If the certificate is in a mitted)					
	Signature of an authorized	person				

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

State of Idaho

Office of the Secretary of State

OF THOMAS MANAGEMENT LLC

File Number W 162835

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 24 February 2016.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: May 23, 2016

THE OTHER

SECRETARY OF STATE

By All