5/28/2017

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

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Foreign Limited Liability Company TMJ HG, LLC

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COVER LETTER

UBJECT:	TMJ HG, LLC						
		Name of	Limite	d Liability C	опърапу		
he enclosed xistence, an	"Application by For d check are submitte	eign Limited Liability Cond to register the above refer	pany for	or Authorizat foreign limite	ion to Tra d liability	ansact Business in Florida," Certificate of company to transact business in Florid	
case return	all correspondence of	oncerning this matter to the	foliov	ring:			
	Chasity Santia	go		·			
	••	1	lame o	Person			
	TMJ HG, LLC						
	Firm/Company						
	401 St. Joseph Street, 2nd Floor						
	Address						
	NEW ORLEA	NS, LA 70130					
		Cíty/	State ar	d Zip Code			
	csantiago@thetr	njgroup.com					
		E-mail address: (to be us	d for f	uture annual	report no	tification)	
or further in	formation concernin	g this matter, please call:					
Chasity Santiago		at (337	356-85	78		
	Name o	f Contact Person	a. f	Area Code	Day	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section					Division	F ADDRESS: of Corporations ion Section	
P.O. Box 6327 Tallahassee, FL 32314				Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the follow		_				
□ \$	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status		155,00 Filin tified 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. TMJ HG, 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 401 St. Joseph St. 2nd Floor NEW ORLEANS, LA 70130 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Zip code) Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept tervice of process for the above stated limited liability company 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 complywith 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. By: Osnifar Vincent VP & Assistant Scoretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Chasity Santiago, Administrative Coordinator, 401 St. Joseph St. 2nd Floor New Orleans, LA 70130 Adam Green, CFO, 401 St. Joseph St. 2nd Floor New Orleans, LA 70130 Logan Trotter, Managing Member, 401 St. Joseph St. New Orleans, LA 70130 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) suppositive 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.

Typed or printed name of signee

Logan Trotter

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14.

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

TMJ HG, LLC

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 30, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 26, 2017

JIMMULL Secretary of State

Web 42118225K



Certificate ID: 10832843#QKH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov