# 1117000006777

(Red	questor's Name)	
(Add	dress)	
	<del> </del>	
(Add	dress)	
(City	//State/Zip/Phone #	7)
PICK-UP	MAIT	MAIL
<del></del>		
(Bus	siness Entity Name	)
(Document Number)		
Cartified Casina	Cadillanta	f Chahua
Certified Copies	_ Centificates o	Status
Special Instructions to F	iling Officer:	
',		

Office Use Only



800302151098

08/07/17--01024--016 \*+130.00

FILED
17 AUG -7 PH 12: 06
17 AUG -7 PH 12: 06
DIVISION OF CORT CHAPTIONS

SliviMONS AUG 0 9 2017

#### COVER LETTER

TO:

Registration Section

Division of Corporati	ions		
SUBJECT:	7+H Proper Name of	Limited Liability Company	<u> </u>
			ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspondence	e concerning this matter to the	following:	
	Heidi St	vmiest ame of Person	
	TXH Prof	irm/Company	
	11620 FO	X Run Address	
	Port Rich	CV FL 3	4668
	herenon 5 E-mail address: (to be used	OPO VANCO d for future annual report no	tification)
For further information concern	ing this matter, please call:		
Heidi C	Hymiest	at ( <u>605)</u> 29	90-9/30
Name	of Contact Person	Area Code Day	ytime Telephone Number
MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, F1, 32314	ns	Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations iton Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the follo ☐ \$125.00 Filing Fee	owing amount:  S130.00 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 COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED IJABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"
(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. (Jurisdiction under the law of which foreign funited liability company is organized)  3. (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. 1/620 Fox Run 6. 1/620 Fox Run Port Richey, FL 34668 Port Richey, FL 34668
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Office Address: (320 5 Dale Maky
Tampa Florida 33714 = =
Registered agent's acceptance: Having been named as registered agent and to accept service 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. Tfurther 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.
Registered agent (signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:
Hest May Tedd Stynicst  Host May Tedd Stynicst  Host Richey, FL 34668
(Use attachments if necessary)
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)
10. 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.  Signature of an authorized person
Lend: Styminst  Typed or printed name of signee

# State of South Dakota

Office of the Secretary of State

## **Certificate of Good Standing**

**Domestic Limited Liability Company** 

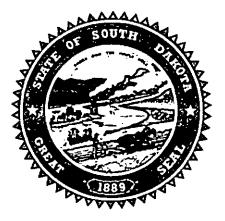
I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that

### T & H PROPERTIES, LLC

Business ID: DL025244

was authorized to transact business in this state on: July 20, 2011.

I, further certify that **T & H PROPERTIES**, **LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, July 25, 2017.

Shartel Krebs

07/25/2017 3:38 PM

Verification #: 009733225

Shantel Krebs Secretary of State