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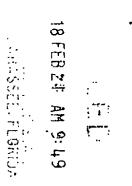
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Y SULKER

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### COVER LETTER

		ENDETTEN
o:	Registration Section Division of Corporations	
UBJI	TN BROWN II, L.C., LLC	
	Name of I	Limited Liability Company
		pany for Authorization to Transact Business in Florida," Certification and Certification of
lease	return all correspondence concerning this matter to the	following:
	Randall Rings	
	Na	ame of Person
	TN BROWN II, L.C., LLC	
	Fi	rm/Company
	500 1st Street SE	
		Address
	Cedar Rapids, IA 52401	
	City/St	ate and Zip Code
	rring@truenorthcompanies.com	
	E-mail address: (to be used	for future annual report notification)
For fu	rther information concerning this matter, please call:	
	Randall Rings	319 739-1383 at()
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy ☐ 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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

same imposibile enter alternate a	urne adopted for the purpose of transacting business in	Florida. The alternate name must be but 194 but.	red Liability Company " "L. C. " "L. C. "
	mine anothers on one burbose of natural miles in		ted traditity Company, "Elic, or "Elic,")
lowa (Jerisdiction under the law of w	trich foreign limited lighthy company is organized)	3. <u>82-4057545</u>	I ramber, if applicable)
•	, , , , , , , , , , , , , , , , , , , ,		_ · _ · · · · · · · · · · · · · · · · ·
	(Date first transacted business in Florida If age	- to months how	
	(Date first transacted business in Florida, if prin (See sections 605,0904 & 605,0905, F.S. to detail	ernine penalty liability)	
500 1st Street SE	01	6. 500 1st Street SE	
Ceder Rapids, IA 5240	•	(Maibr Cedar Rapids, IA 5240	ng Address)
Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee		
		, Florida <u>32301</u>	<u> </u>
	(City)	(7	
ving been named as re ignated in this applica comply with the provisi	egistered agent and to accept service of accept the appointmentions of all statutes relative to the proposition as registered agent.  Corporation Service Company	of process for the above stated lin t as registered ugent and agree to per and complete performance of	nited liability company at the place of act in this capacity. I further a my duties, and I am familiar will Michele Hen
signated in this applica comply with the provisi	stance: egistered agent and to accept service of etion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent.	of process for the above stated lin t as registered agent and agree to per and complete performance of MUWW HUWW	nited liability company at the place o act in this capacity. I further ag
iving been named as resignated in this applica comply with the provisid accept the obligation.  The name, title or capi	otance: egistered agent and to accept service of eation. I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. Corporation Service Company By:  (Registered agen acity and address of the person(s) who	of process for the above stated line tas registered agent and agree to be and complete performance of the Hungaris signature)  has/have authority to manage/s/a	nited liability company at the place of act in this capacity. I further ago my duties, and I am familiar with Michele Hen Assistant VP
iving been named as resignated in this application comply with the provised accept the obligation.  The name, title or capating title or Capating.	otance: egistered agent and to accept service of ution. I hereby accept the appointmen itions of all statutes relative to the prop s of my position as registered agent. Corporation Service Company By:  (Registered agen acity and address of the person(s) who Name and Address:	of process for the above stated lint as registered ugent and agree to the state of	nited liability company at the place of act in this capacity. I further age of my duties, and I am familiar with Michele Hen Assistant VP
iving been named as resignated in this applica comply with the provision decept the obligation.  The name, title or capa	otance: egistered agent and to accept service of ution. I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  Corporation Service Company By:  (Registered agent acity and address of the person(s) who Name and Address:  Duane J. Smith	of process for the above stated line tas registered agent and agree to be and complete performance of the Hungaris signature)  has/have authority to manage/s/a	nited liability company at the place of act in this capacity. I further age of my duties, and I am familiar with Michele Hen Assistant VP are:  Name and Address:  Devin H. Pipkin
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rving been named as resignated in this applicated in this applicated in this applicated accept the obligation.  The name, title or capatite or Capacity:  Manager  Manager  See attachments if neces  Attached is a certificate is diction under the law	otance: egistered agent and to accept service of the agent the appointment ions of all statutes relative to the propose of my position as registered agent.  Corporation Service Company By:  (Registered agent active and address of the person(s) who Name and Address:  Duanc J. Smith  500 1st Street SE.  Cedar Rapids, 1A 52401  Randall Rings  500 1st Street SE.  Cedar Rapids, 1A 52401  essary)  of existence, no more than 90 days of of which it is organized. (If the certific	of process for the above stated lint as registered upent and agree to be and complete performance of the signature)  has/have authority to manage s/a  Title or Capacity:  Manager	mited liability company at the place of act in this capacity. I further age of my duties, and I am familiar wit Michele Hen Assistant VP  are:  Name and Address:  Devin H. Pipkin  500 1st Street SE  Cedar Rapids, 1A 52401
The name, title or cape Title or Capacity: Manager  Manager  Manager  Attached is a certificate is diction under the law the translator must be somitted in a document to see the second to the companion of the law the translator must be somitted in a document to see the second to the second to the law the translator must be somitted in a document to the second to t	otance: egistered agent and to accept service of the agent and to accept service of the appointment ions of all statutes relative to the propose of my position as registered agent.  Corporation Service Company By:  Registered agent acity and address of the person(s) who Name and Address:  Duanc J. Smith  500 1st Street SE.  Cedar Rapids, 1A 52401  Randall Rings  500 1st Street SE.  Cedar Rapids, 1A 52401  estary)  of existence, no more than 90 days of of which it is organized. (If the certific ubmitted)  cuted in accordance with section 605.02 of the Department of State constitutes a	of process for the above stated lint as registered ugent and agree to be and complete performance of the signature)  has/have authority to manage s/a  Title or Capacity:  Manager  d, duly authenticated by the officicate is in a foreign language, a tra	mited liability company at the place of act in this capacity. I further age my duties, and I am familiar with Michele Hen Assistant VP are:  Name and Address:  Devin H. Pipkin  500 1st Street SE  Cedar Rapids, 1A 52401  ial having custody of records in the instation of the certificate under oa aware that any false information
The name, title or cape  Title or Capacity:  Manager  Manager  Manager  Manager  Attached is a certificate is diction under the law the translator must be seen.  This document is executive.	otance: egistered agent and to accept service of the agent and to accept service of the appointment ions of all statutes relative to the propose of my position as registered agent.  Corporation Service Company By:  Registered agent acity and address of the person(s) who Name and Address:  Duanc J. Smith  500 1st Street SE.  Cedar Rapids, 1A 52401  Randall Rings  500 1st Street SE.  Cedar Rapids, 1A 52401  estary)  of existence, no more than 90 days of of which it is organized. (If the certific ubmitted)  cuted in accordance with section 605.02 of the Department of State constitutes a	of process for the above stated lint as registered ugent and agree to be and complete performance of the signature)  has/have authority to manage s/a  Title or Capacity:  Manager  d, duly authenticated by the officicate is in a foreign language, a tra	mited liability company at the place of act in this capacity. I further ag my duties, and I am familiar with Michele Hen Assistant VP are:  Name and Address:  Devin H. Pipkin  500 1st Street SE  Cedar Rapids, 1A 52401  ial having custody of records in the instation of the certificate under oa aware that any false information

# IOWA SECRETARY OF STATE PAUL D. PATE



## CERTIFICATE OF EXISTENCE

Date: 1/24/2018

Name: TN BROWN II, L.C. (489DLC - 560863)

Date of Incorporation: 1/4/2018

**Duration: PERPETUAL** 

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination

Certificate ID: CS144656

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State