

M18000002818

(Requestor's Name)

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(Business Entity Name)

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Special Instructions to Filing Officer:

W18-26021

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2018 MAR 16 PM 11:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2018 MAR 16 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

MAR 22 2018



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 3/16/2018

Account#: I20000000088

Name: Merritt Knickle

Reference #: D315155

Entity Name: TUCKER BEACH VILLAS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

*Retain Original

File Date:

3-16-2018 *

Authorized Amount: \$125

Signature: W. MARC

© CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

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COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY 14010712
6 BEVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

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COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 17TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

March 19, 2018

COGENCY GLOBAL

**SUBJECT: TUCKER BEACH VILLAS, LLC
Ref. Number: W18000026021**

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

**Yasemin Y Sulker
Regulatory Specialist II**

Letter Number: 418A00005437

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:

1. Tucker Beach Villas, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "L.L.C.")

2. Tennessee 3. 62-4748073
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S., to determine priority liability)

5. 209 28th Avenue North, Suite 180
(Street Address of Principal Office)
Nashville, Tennessee 37203

6. 209 28th Avenue North, Suite 150
(Mailing Address)
Nashville, Tennessee 37203

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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. 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.

James Ballard, Asst. Sec.
(Registered agent's 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
Authorized Member	James W. Jacobs 209 29th Avenue North, Suite 150 Nashville, Tennessee 37203		
Authorized Member	R. Ryan Chapman 112 Mockingbird Road Nashville, Tennessee 37205		

(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.

James W. Jacobs
Signature of authorized person

James W. Jacobs
Typed or printed name of signer

2018 MAR 16 PM 3:06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KELLY WORMAN
2000 RICHARD JONES RD., STE 240
NASHVILLE, TN 37215

March 15, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0270161

Issuance Date: 03/15/2018
Copies Requested: 1

Document Receipt

Receipt #: 003912474

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3724379983

\$20.00

Regarding: Tucker Beach Villas, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 03/08/2018

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 951684

Date Formed: 03/08/2018

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

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

Tucker Beach Villas, 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, interest, 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 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 026926832