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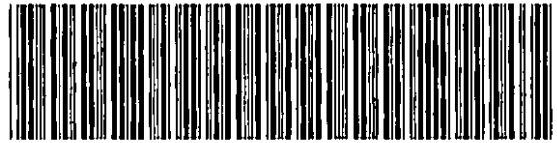
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Special Instructions to Filing Officer:

cert w18-39535

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FILED  
18 MAY 15 PM 3:00  
SECRETARY OF STATE  
TOLSON, D. C. 20540

O SIMMONS  
MAY 15 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2018

JIM DAVENPORT  
100 M ST, SE  
WASHINGTON, DC 20003

SUBJECT: THORN RUN PARTNERS, LLC  
Ref. Number: W18000039535

We have received your document for THORN RUN PARTNERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00008655

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THORN RUN PARTNERS, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JIM DAVENPORT  
Name of Person

THORN RUN PARTNERS  
Firm/Company

100 M St. SE  
Address

WASHINGTON DC 20003  
City/State and Zip Code

jclavenport@thornrun.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM DAVENPORT at (202) 849-8528  
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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$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:

1. THORN RUN PARTNERS 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.")

2. WASHINGTON DC  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1541515  
(FEI number, if applicable)

4. APRIL 20, 2018  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 M ST SE  
(Street Address of Principal Office)  
WASHINGTON DC 20003

6. 100 M ST SE  
(Mailing Address)  
WASHINGTON DC 20003

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

Name:

John W. Smith

Office Address:

301 S. Foronough Street, Suite 500

Tallahassee

(City)

Florida

32301

(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.

John W. Smith  
(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:

PARTNER

Name and Address:

JIM DAVENPORT  
THORN RUN PARTNERS  
100 M ST SE  
WASHINGTON DC 20003

Title or Capacity:

Name and Address:

(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.

Jim Davenport  
Signature of an authorized person

JIM DAVENPORT

Typed or printed name of signer

Initial File #: L50588  
Entity Type: LLC

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this **CERTIFICATE OF GOOD STANDING** is hereby issued to

THORN RUN PARTNERS LLC

**WE FURTHER CERTIFY** that the domestic filing entity is formed under the law of the District on 6/10/2010; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 5/10/2018 3:01 PM

Business and Professional Licensing Administration



PATRICIA E. GRAYS  
Superintendent of Corporations  
Corporations Division

Muriel Bowser  
Mayor

Tracking #: begDAFZw