# MEOOCCHAOY

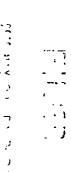
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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04/23/18--01037--018 \*\*125.00



5/22/18/2



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2018

TINA BERRY 2615 GRANDVIEW AVE NASHVILLE, TN 37211

SUBJECT: HORRELL LEASING COMPANY LLC

Ref. Number: W18000038770

We have received your document for HORRELL LEASING COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name, listed in the certificate of existence.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00009615

## COVER LETTER

TO:		ration Section on of Corporation	ns				
SUBJE	Е <b>СТ</b> :	orrell Leasing Cor	npany LLC				_
			Name of	Limited Liability (	Company	<del>-</del>	_
The en Exister	iclosed "A nce, and c	application by For heck are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limit	ition to Tra ted liability	ansact Business in Florida y company to transact bu	1," Certificate of siness in Florida
Please	return all	correspondence o	oncerning this matter to the	following:			
		Tina Berry					
		•	N	ame of Person	-		_
		Horrell Leasing	Company LLC				٠
			Fi	irm/Company	·		<del>-</del> 3
		2615 Grandvie	w Ave				
				Address			_
		Nashville, TN	37211				
			City/S	tate and Zip Code			<del>.</del> ,
		tberry@horrellle	asing.com				
		· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be use	d for future annual	report not	tification)	_
For fur	ther infor	mation concerning	g this matter, please call:				
	Tina B	erry		615 at (	313-88	77	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	_
	Divisio Registr P.O. Be	ING ADDRESS: on of Corporations ation Section ox 6327 assec. FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified C	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida The alte	mate name must include "Limited I	Liability Company," "L.L.	C," or "LLC."}	
Tennessee		3	72-1609641			
	hich foreign limited liability company is organized)	٥	(FEI m	(Fill number, if applicable)		
↓. <sup>n/a</sup>						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration )	ability)			
2615 Grandview Ave			2615 Grandview Ave			
(Street Address of	Principal Office)	0	(Mathing A	(ddress)	<del>_</del>	
Nashville, TN 37211		1	Nashville, TN 37211		;	
		_			; 	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> ac	ceptable)		3 "	
X2	John W. Horrell				•	
Name:			<del></del>	-	7	
Office Address:	1772 Brightwaters Blvd NE				.i	
	St Petersberg		, Florida <u>33704</u>		2	
	(City)		, Florida(Zip c	code)		
lesignated in this applicate of comply with the provis	egistered agent and to accept service of ation. I hereby accept the appointment of ions of all statutes relative to the frope as of my position as registered against	as register	ed agent and agree to a	ct in this capacity.	I further agr	
Having been named as relesignated in this applicated in this applicate comply with the provising accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the properties as of my position as registered again.	r egister r and con	ed agent and agree to a aplete performance of m	ct in this capacity y duties, and I an	I further agra	
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Typed or printed name of signee



## **Division of Business Services** Department of State

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

**TINA BERRY** 2615 GRANDVIEW AVE NASHVILLE, TN 37211

May 4, 2018

Request Type: Certificate of Existence/Authorization

Issuance Date: 05/04/2018

Request #:

0276011

Copies Requested:

Receipt #: 004070216

Document Receipt

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3729578415

\$20:00

Regarding:

HORRELL LEASING CO., LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 12/28/2005

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

509503

Date Formed:

12/28/2005

Formation Locale: TENNESSEE

Inactive Date:

#### CERTIFICATE OF EXISTENCE

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

### HORRELL LEASING CO., 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 filed the most recent annual report required with this office;
- \* 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.

Secretary of State

Processed By: Cert Web User Verification #: 027700622