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#### COVER LETTER

	sion of Corporatio	ns			
UBJECT: _	FL274 TSC, LLC				
		Name of	Limited Liability (	Company	
he enclosed xistence, and	"Application by Fo I check are submitte	reign Limited Liability Comped to register the above reference	pany for Authoriza enced foreign fimi	ition to Tra ted liability	ansact Business in Florida," Certific company to transact business in I
lease return :	all correspondence	concerning this matter to the	following:		
	Kim Whitlock				
		N	ame of Person	<del>.</del>	
	Quattlebaum, (	Grooms & Tull PLLC			
	<del></del>	F	irm/Company		
	111 Center Str	eet, Suite 1900			
	<del></del>	·	Address		<del></del>
	Little Rock, A	R 72201			
		City/S	tate and Zip Code	<u> </u>	
	sshellnut@dyne	hg.com			
		E-mail address: (to be use	d for future annual	report not	ification)
or further inf	ormation concernir	ng this matter, please call:			
Kim	Whitlock		501	379-17	
<del></del>	Name (	of Contact Person	at ( Area Code	_) Day	time Telephone Number
Divis Regis P.O.	LING ADDRESS: stration of Corporation stration Section Box 6327 hassee, FL 32314	<u>.</u> S		STREET Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section
inclosed is a c ■ \$1	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificat 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:

(Name of Foreign	Limited-Liability Company, must include "Limited	Tall: Talling Common With Links	• • • •
			)
frame unavailable, enter alternate (	name adopted for the purpose of transacting business in Flori	ida. The alternate parne must include #1 :- :- : : :	105 0
AR		The latter than siction timeted La	ability Company," "L.L.C," or "LLC"")
(Jurismetion under the law of w	high foreign limited hability company is organized)	CrE! mirro	ber, it applicable)
n/a		(, 3, 133)	ser, a spincage)
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0903, F.S. to determin	custration.)	<del></del>
301 Main Street, Suite	: 6		
(Street Address of I	Principal Office)	6. 301 Main Street, Suite 6	_
Little Rock, AR 72201		Little Rock, AR 72201	ress)
		5.00c (COCK, AIR 72201	<u> </u>
Name and street address	ss of Florida registered agent: (P.O. Box	Nom	
		NO1 acceptable)	S 2 = -
Name:	Nick Crouch	<del></del> -	M <sub>2</sub> -
Office Address:	357 Vale Drive	<u> </u>	
	C. A	<del></del>	
	St. Augustine (Cin)		2007 2007 3007 3007
comply with the provisi	gistered agent and to accept service of prition, I hereby accept the appointment as ions of all statutes relative to the proper a soft my position at registered users.	and complete performance of my	liability company at the pla in this capacity. I further a duties, and I am familiar wi
comply with the provisi d accept the obligations	ions of all statutes relative to the proper as of my position as registered upons  (Registered agent's significant or signific	and complete performance of my	liability company at the pla in this capacity. I further a duties, and I am familiar wi
comply with the provisi d accept the obligations	(Registered agent's significant and address of the person(s) who has	grature)  /have authority to manage is/are:	in this capacity. I further a duties, and I am familiar wi
comply with the provisi d accept the obligations  The name, title or capa  Title or Capacity:	(Registered agent)	and complete performance of my	liability company at the pla in this capacity. I further a duties, and I am familiar wi Name and Address:
comply with the provisi d accept the obligations  The name, sitle or capa	(Registered agent's signature and Address:  DYNE Operating, LLC	grature)  /have authority to manage is/are:	in this capacity. I further a duties, and I am familiar wi
comply with the provisi d accept the obligations  The name, title or capa  Title or Capacity:	(Registered agent)  (Regis	grature)  /have authority to manage is/are:	in this capacity. I further a duties, and I am familiar wi
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The name, title or capa	(Registered agent)  (Regis	grature)  /have authority to manage is/are:	in this capacity. I further a duties, and I am familiar wi
The name, title or capa  Title or Capacity:  Chairman & Co-CEO	(Registered agent's sign of my position at registered agent's sign of my	grature)  /have authority to manage is/are:	in this capacity. I further a duties, and I am familiar wi
The name, title or capa Title or Capacity: Chairman & Co-CEO	(Registered agent's sign of my position at registered agent's sign of my	grature)  //have authority to manage is/are:  Title or Capacity:	in this capacity. I further a duties, and I am familiar wi
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# Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

## **Certificate of Good Standing**

I. Mark Martin. Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### FL274 TSC LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 30, 2018.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of June 2018.

Mark Martin

Shiffs Coverify the Authorization Code: db37255aea6d87d
To verify the Authorization Code, visit sos.arkansas.gov