

10/16

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000299896 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : PAGE, SCRANTON, SPROUSE, TUCKER AND FORD, P.C.
 Account Number : I20150000027
 Phone : (706)243-4068
 Fax Number : (706)243-0417

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: trimback@trimcor.com

**Foreign Limited Liability Company
 Grand Reserve Nashville/Antioch, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$160.00

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

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OCT 17 2018

EXAMINER

(((H18000299896 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grand Reserve Nashville/Antioch, 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:

Justin Trimback

Name of Person

Firm/Company

P.O. Box 518

Address

Phenix City, AL 36868

City/State and Zip Code

trimback@trimcor.com

E-mail address: (to be used for future annual report notification)

2018 OCT 15 AM 11:42

For further information concerning this matter, please call:

Justin Trimback

334

480-4001

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

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

(((H18000299896 3)))

**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. Grand Reserve Nashville/Antioch, 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. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3109055

(FBI number, if applicable)

4. _____

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

5. 3517 Retail Drive

(Street Address of Principal Office)

Phenix City, AL 36868

6. PO Box 518

(Mailing Address)

Phenix City, AL 36868

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

Name: J. Lindsay Builder, Jr., Esq.

Office Address: 271 West Canton Avenue, Suite 2

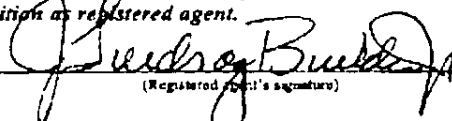
Winter Park, Florida 32789

(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.


(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:

AMBR

Justin Trimback

3517 Retail Dr

Phenix City, AL 36868

AMBR

Steve Corbett

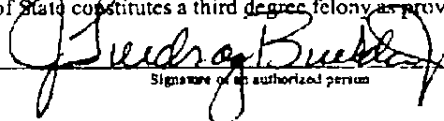
3517 Retail Dr

Phenix City, AL 36868

(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.


Signature of an authorized person

J. Lindsay Builder, Jr. (agent)

Typed or printed name of signer

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(((H18000299896 3)))



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

VANDA D. MITCHELL

October 16, 2018

SUITE 2

271 WEST CANTON AVENUE

WINTER PARK, FL 32789

Request Type: Certificate of Existence/Authorization

Issuance Date: 10/16/2018

Request #: 0292881

Copies Requested: 1

Document Receipt

Receipt #: 004334380

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3741857151

\$20.00

Regarding: Grand Reserve Nashville/Antioch, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 788611

Formation/Qualification Date: 02/12/2015

Date Formed: 02/12/2015

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

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

Grand Reserve Nashville/Antioch, 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 030073726

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000788811

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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (SS-4270)



Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Ross L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50 per member
(minimum fee = \$300, maximum fee = \$3,000)

For Office Use Only

Control # 000788811
FILED: Feb 12, 2015 1:09PM

Tre Hargett,
Secretary of State

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: The Grand Reserve at Nashville/Antioch, LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-108, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

STACY S NEISLER
2011 WALL ST
SPRING HILL, TN 37174-4209
WILLIAMSON COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:

☐ Member Managed

☒ Manager Managed

☐ Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:

STE C
2814 STADIUM DR
PHENIX CITY, AL 36867-3175

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B0054-4862 02/12/2015 1:09 PM Received by Tennessee Secretary of State Tre Hargett

(((H18000299896 3)))



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)

Page 2 of 2



Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$50 per member
(minimum fee = \$300, maximum fee = \$3,000)

For Office Use Only

Control # 000788611
FILED: Feb 12, 2015 1:09PM

Tre Hargett,
Secretary of State

The name of the Limited Liability Company is: The Grand Reserve at Nashville/Antioch, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

STE C
2814 STADIUM DR
PHENIX CITY, AL 36867-3175

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession:

14. Series LLC (optional)

☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Feb 12, 2015 1:09PM
Signature Date

Electronic
Signature


Sole Member
Signer's Capacity (if other than individual capacity)

James E Akridge
Name (printed or typed)

B0054-4863 02/12/2015 1:09 PM Received by Tennessee Secretary of State Tre Hargett

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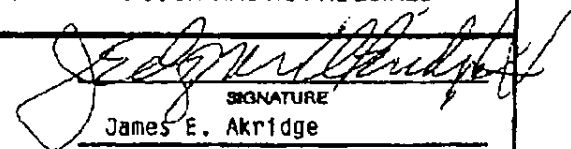
(((H18000299896 3)))

<p>State of Tennessee</p>  <p>Department of State William R. Snodgrass Tower 312 Rosa L. Parks AVE, 8th FL Nashville, TN 37243-1102</p> <p>CHANGE OF MAILING ADDRESS</p> <p>Filing Fee \$0.00</p>	<p><i>For Office Use Only</i></p> <p>Amendment #: 003817757 FILED: Feb 16, 2015 10:50AM</p> <p>Tra Hargett, Secretary of State</p>
<p>The mailing address is an optional address for Corporations, Limited Liability Companies, Limited Partnerships and Limited Liability Partnerships. This address can be a post office box or physical street address.</p> <p>When provided, the mailing address is used instead of the principal office address for letters from the Secretary of State. These letters include annual report filing notices, filing acknowledgments, assumed name renewal notice letters and agent change notice letters. The mailing address may also be used for legal notices if the registered agent address and principal office address on file are not deliverable.</p> <p>There is no filing fee for a mailing address change. Web filed mailing address changes generate a filing notice which is mailed to the principal address of the entity.</p>	
<p>Entity submitting mailing address change:</p> <p>Secretary of State Control Number: 788611 Entity Name: The Grand Reserve at Nashville/Antioch, LLC</p>	
<p>Current Mailing Address:</p> <p>STE C 2814 STADIUM DR PHENIX CITY, AL 36867-3175</p>	
<p>New Mailing Address:</p> <p>PO BOX 3290 PHENIX CITY, AL 36866-3290</p>	
<p>Feb 16, 2015 10:50AM</p> <p>Signature Date</p> <p>Sole Member</p> <p>Signer's Capacity (if other than individual capacity)</p>	<p>Electronic</p> <p>Signature</p> <p>James E Akridge</p> <p>Name (printed or typed)</p>

B0054-7424 02/16/2015 10:50 AM Received by Tennessee Secretary of State Tra Hargett

(((H18000299896 3)))

(((H18000299896 3)))

<p style="text-align: center;">State of Tennessee</p> <p style="text-align: center;"></p> <p style="text-align: center;">Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p>	<p style="text-align: center; font-size: small;">For Office Use Only</p> <p style="text-align: center; font-size: large; font-weight: bold;">FILED</p>
<p style="text-align: center;">ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</p>	
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000788611</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____, _____ (DATE) _____ (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>The Grand Reserve at Nashville/Antioch, LLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:</p> <p><u>Grand Reserve Nashville/Antioch, LLC</u></p>	
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____</p> <p style="text-align: center; font-size: small;">STREET ADDRESS</p> <p>_____ CITY STATE/COUNTY ZIP CODE</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____</p> <p style="text-align: center; font-size: small;">STREET TN</p> <p>_____ CITY STATE ZIP CODE COUNTY</p> <p>D. OTHER CHANGES:</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>Feb.</u> <u>18</u> <u>2015</u></p> <p style="text-align: center; font-size: small;">MONTH DAY YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<p><u>SOLE MEMBER</u></p> <p style="text-align: center; font-size: small;">SIGNER'S CAPACITY</p> <p style="text-align: right;"></p> <p style="text-align: right; font-size: small;">SIGNATURE</p> <p style="text-align: right;"><u>James E. Akridge</u></p> <p style="text-align: right; font-size: small;">NAME OF SIGNER (TYPED OR PRINTED)</p>	
<p>SS-4247 (REV. 01/05) Filing Fee: \$23.00 RDA 2458</p>	

2018-10-16 01:08 PM RECEIVED BY Tennessee Secretary of State Tim Hargett

(((H18000299896 3)))