

MI 8000010611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

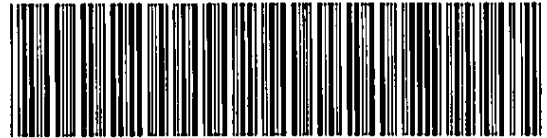
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Assign W18-94710

Office Use Only



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10/17/18--01026--023 **100.00

11/27/18--01015--033 **25.00

RECEIVED

OCT 15 2018

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NOV 27 AM 9:52

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NOV 29 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2018

KRISTIN SEABROOK
5508 LONAS RD
KNOXVILLE, TN 37909

SUBJECT: TRI-STAR DEF LLC
Ref. Number: W18000094710

We have received your document for TRI-STAR DEF LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00. ✓

The registered agent must sign accepting the designation. ✓

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 718A00022142

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tri- Star DEF 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:

Kristin Seabrook

Name of Person

Bunker H. II Holdings Company LLC
Firm/Company

5508 Lonas Road

Address

Knoxville, TN 37909

City/State and Zip Code

kristin.seabrook@pilottravelcenters.com

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

For further information concerning this matter, please call:

Kristin Seabrook

865

474-2219

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

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. Tri-Star DEF 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2026496
(FEI 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. 5508 Lonas Road
(Street Address of Principal Office)
Knoxville, TN 37909

6. 5508 Lonas Road
(Mailing Address)
Knoxville, TN 379009

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

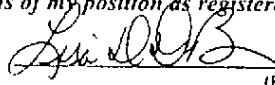
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation . Florida 33324
(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.

 Lisa D. DuBois, Assist. 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: |
|-------------------------|--|--------------------|-------------------|
| <u>Secere Secretary</u> | <u>Kristin Seabrook</u> <u>5508 Lonas Rd</u> <u>Knox, TN 37907</u> | | |
| | | | |
| | | | |
| | | | |

(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
Kristin Seabrook
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRI-STAR DEF LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE FIRST DAY OF OCTOBER, A.D. 2018.



7072086 8300

SR# 20186895084

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203521125

Date: 10-01-18