

m19000001248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

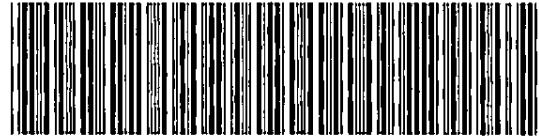
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w19000007688

Office Use Only



900322845659

01/22/19--01013--009 **160.00

RECEIVED

JAN 18 2019

FILED
19 JAN 22 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
FEB 04 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2019

TONYA FIGUEROA
410 AIRPARK CENTER DRIVE
NASHVILLE, TN 37217

SUBJECT: ABEL, MCCALLISTER & ABEL LLC
Ref. Number: W19000007688

We have received your document for ABEL, MCCALLISTER & ABEL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

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) 245-6052.

Cathy Cave

Letter Number: 719A00001748

Abel + McCallister + Abel

creative • fabrication • execution

Experiential x 3

January 31, 2019

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Application for Foreign LLC

To Whom It May Concern:

On January 17, 2019 we sent a package of paperwork to register our company as a foreign LLC in the state of Florida. The paperwork was kicked back as we did not include a Tennessee Certificate of Existence.

Attached please find our completed application, Cover Letter, Tennessee Certificate of Existence, and a copy of our check previously submitted.

Please review the enclosed paperwork and let me know if you are missing anything.

If you have any questions regarding this application, please feel free to contact me at 615-399-4755.

Sincerely,



Sheri Rideout
Accounting Manager

Enclosures

RECEIVED
FEB 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abel, McCallister & Abel 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:

Tonya Figueroa

Name of Person

Abel, McCallister & Abel, LLC

Firm/Company

410 Airpark Center Drive

Address

Nashville, TN 37217

City/State and Zip Code

sheri@abmed.com

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

For further information concerning this matter, please call:

Sheri Rideout

615

399-4755

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Abel, McCallister & Abel 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. 47-3841066

(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. 410 Airpark Center Drive

(Street Address of Principal Office)

Nashville, TN 37217

6. 410 Airpark Center Drive

(Mailing Address)

Nashville, TN 37217

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee

(City)

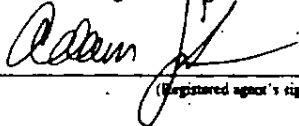
Florida

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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Larry K. Abel

☒ Member Address: 710 A Powers Avenue

☐ Authorized Nashville, TN 37206

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Olivia Abel

☐ Member Address: 2402 Nashboro Blvd.

☐ Authorized Nashville, TN 37217

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Raymond McCallister

☐ Member Address: 710 A Powers Avenue

☐ Authorized Nashville, TN 37206

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Larry K. Abel

Typed or printed name of signer



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

SHERI RIDEOUT
410 AIRPARK CENTER DRIVE
NASHVILLE, TN 37217

January 31, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0304407

Issuance Date: 01/31/2019
Copies Requested: 1

Document Receipt

Receipt #: 004510274 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3749067663 \$20.00

Regarding:	Abel, McCallister & Abel LLC		
Filing Type:	Limited Liability Company - Domestic	Control #:	797415
Formation/Qualification Date:	04/24/2015	Date Formed:	04/24/2015
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	DAVIDSON 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

Abel, McCallister & Abel 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 #: 031677830