

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500

Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

### Foreign Limited Liability Company TURNER MINING GROUP, LLC

Certificate of Status	0
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Page Count	05
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A. HEBBING

FEB - 8 2019

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Corporate Filing Menu

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2/7/2019

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#### COVER LETTER

UBJECT: _	Furner Mining Group,	LLC
onsect	-	Name of Limited Liability Company
he enclosed ' xistence, and	"Application by Foreig I check are submitted to	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate to register the above referenced foreign limited liability company to transact business in Florida.
lease return a	all correspondence cor	ncerning this matter to the following:
	Alice Bailey	
		Name of Person
	Turner Mining Gr	roup, LLC
		Firm/Company
	555 N. Morton St	
		Address
	Bloomington, IN	47404
		City/State and Zip Code
	alice.bailey@turne	rmining.com
		E-mail address: (to be used for future annual report notification)
or further inf	formation concerning	this matter, please call:
Alice	e Bailey	812 205-7149 at ( )
	Name of	Contact Person Area Code Daytime Telephone Number
Divis Regis P.O.	iLING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301
Enclo	osed is a check for the	following amount: e to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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:

(If name unavailable, enter alternate na	me adopted for the purpose of tr	ansacting business in Florida. The altern	ate name must inclu	de "Limited Liability (	Company," "I.L.C,	or "I.C.	ግ
TX 2.		82 	2-1005838				
(Jurusdiction under the law of whi	ch toreign limited liability comp	eny is organized)		(FEI mamber, if	applicable)		
2/4/2019							
4	(Date first transacted busin (See sections 605.0904 &	ess in Florida, if prior to registration.) 605.0905, F.S. to determine penalty liab	ility)	<del></del>			
555 N. Morton St.	·	6.	,		<b>6</b>	201	
(Street Address of Pr	incipal Office)		<del></del>	(Mailing Address)	1.2	77	
Bloomington, IN 47404					五 とる	<u>65</u>	-11
						<del>-</del>	IL ED
						R	0
7. Name and street address	of Florida registered	agent: (P.O. Box NOT acc	eptable)		ORIO	9: 47	
Name:	Capitol Corpor	ate Services, Inc.	<u></u>				
Office Address:	515 E Park Ave	e Floor 2					
	Tallahassee		. Florida	32301			
		(City)	, 1 101104	(Zip code)	_		
designated in this applicat	gistered agent and to d ion, I hereby accept to ons of all statutes rela	accept service of process for he appointment as registere tive to the proper and comp istered agent.	d agent and a	gree to act in t	his capacity.	I furtk	er agr
	Kim Tadlock	Kim Tadlock, Asst. Se of Capitol Coporate S					

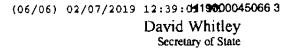
(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
☐Manager	Name: Keaton Turner	☐ Manager	Name: Gant Elmore
■ Member	Address: 555 N. Morton St.	■ Member	Address: 555 N. Morton St.
Authorized	Bloomington, IN 47404	☐ Authorized	Bloomington, IN 47404
Person		Person	
Other	Other	Other	Other
Manager	Name: Lauren Elmore		Name:
■Member	Address: 555 N. Morton St.	☐ Member	Address:
Authorized	Bloomington, IN 47404	. Authorized	213
Person		Person	
Other	Other	Other	Ø Other
			Name: 0
Manager	Name:	Manager	
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Important Notice: Usindexed individuals  9. Attached is a cert	Ise an attachment to report more than six (6), may be added to the index when filing your ifficate of existence, no more than 90 days of the law of which it is organized. (If the certific	The attachment will be imported to the state of	aged for reporting purposes only. Ne Annual Report form.  official having custody of records
10. This document is submitted in a docu	s executed in accordance with section 605.02 ment to the Department of State constitutes a	203 (1) (b), Florida Statutes third degree felony as provi	. I am aware that any false information ded for in \$.817.155, F.S.
	_		
		12	

Typed or printed name of signee

Taylor Seay 8004323622

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697





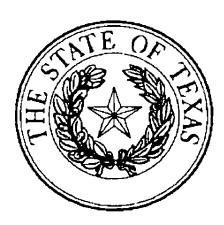
# Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Turner Mining Group, LLC (file number 802686370), a Domestic Limited Liability Company (LLC), was filed in this office on March 30, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 01, 2019.





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