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FILE 2ND

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 628405

AUTHORIZATION :

5031398 millilenan COST LIMIT : \$ 130. 00

- ORDER DATE : February 11, 2019
- ORDER TIME : 9:41 AM
- ORDER NO. : 628405-010
- CUSTOMER NO: 5031398

FOREIGN_FILINGS

NAME: THORNTONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX ____ PLAIN STAMPED COPY XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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:

L THORNTONS LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flori	da. The alt	emate name must include "Limited Liab	ility Company," "L.L.C," or "I.	1.C.")
2. DELAWARE		3.			
12/28/2011 - APPLICATI CORPORATION PREVIO	hich foreign limited liability company is organized) ON FILED IN CONNECTION WITH CONVER DUSLY AUTHORIZED TO TRANSACT BUSH		F THORNTONS INC., A DELA		
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration. e penalty li	nbility)		
5.		6	2600 JAMES THORNTON	WAY	
(Street Address of Principal Office)		0.	(Mailing Address)		-
LOUISVILLE, KY 40245		-	LOUISVILLE, KY 40245		
 Name and <u>street addres</u> Name; 	ss of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> a	sceptable)	2019 F SEOR TAL	-
ivane;				EB	17
Office Address:	1201 Hays Street				11272223
	Tallahassee (City)		, Florida <u>32301</u> (Zip.code	2 AH	
designated in this applica to comply with the provisi	gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent. Corponation Service Company By:	registe. ind con	red agent and agree to act t	liability company at t in this capacity. Ifur	ther agree
	icity and address of the person(s) who has				
Title or Capacity:	Name and Address:	<u>Tit</u>	le or Capacity:	Name and Address	<u>;:</u>
MBR	TLK OPERATING COMPANY	LLC			
	501 WESTLAKE PARK BLVD. HOUSTON, TX 77079				
	······				
(Use attachments if necess	sary)				

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.

Sn an Kaul 2

Signature of an authorized person

SUSAN BAUR, AUTHORIZED PERSON

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THORNTONS 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 ELEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



of State

Authentication: 202236161 Date: 02-11-19

776093 8300 SR# 20190884630

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

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