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(Requestor's Name)
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COVER LETTER

SUBJECT:	TTH Gate Point Mead	dows, LLC					
Name of Limited Liability Company							
The enclosed ' Existence, and	'Application by Foreig check are submitted to	gn Limited Liability Com o register the above refe	npany for Authoriza renced foreign limi	ation to Transact Business in Florida, ited liability company to transact busi	," Certificate of iness in Florida.		
Please return a	ill correspondence con	cerning this matter to the	e following:				
	Jonathan Turner						
	Name of Person						
	Haynsworth Sinkle	er Boyd, P.A.					
	Firm/Company						
	PO Box 11889						
			Address		_		
	Columbia, SC 292	11-1889					
		City/S	State and Zip Code				
	jturner@hsblawfirm	ı.com					
	E	i-mail address: (to be use	ed for future annual	report notification)	_		
For further info	ormation concerning th	his matter, please call:					
Jonat	han Turner		803	540-7810			
	Name of C	Contact Person	Area Code	Daytime Telephone Number			
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	sed is a check for the te make check payable	following amount: to: FLORIDA DEPAR	TMENT OF STA	TE			
□ s	125.00 Filing Fee	S130.00 Filing Fee a Certificate of St		Filing Fee & S160.00 Filing ed Copy of Status & Cer	Fee, Certificate rtified 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:

TTH Gate Point Meado						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compan	y," "L.L.C.," or "LLC.")			
in his cases absents a	ame adopted for the purpose of transacting business in Flo	urida. The allegage page	e enus; Include "Limited Lightlity Com	COARTY " "L.L.C." or "LLC.")		
South Carolina	ance supplied for the purpose of transacting subdices at the	Tide. The Singilians institu	The state of the s	,		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)				
1213 Lady Street, Third Floor		1213 Lady Street, Third Floor				
(Street Address of F	rincipal Office)	6	(Mailing Address)			
Columbia, SC 29201		Columb	ia, SC 29201			
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptab	(c)			
Traine and Street address	<u> </u>			2013 APR MSS ACT. AFIA		
Name:	Paracorp Incorporated			AFIASS		
Office Address:	155 Office Plaza Drive, 1st Floor			ÇÇ ⊋		
	Tallahassee		32301 Florida			
	(City)	·	(Zip code)	3, □		

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 famillar with and accept the obligations of my position as registered agent.



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:

David M. Ellison

Manager

Manager

Member

Address:

1213 Lady Street, Third Floor

Member

Address:

Columbia, SC 29201

Person

Person

Other

Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		41.3
Person		Person		
Other	Other	Other		Other 7
□Manager	Name:	Manager	Name:	10 3: E
Member	Address:	Member		
Authorized		Authorized		
Person		Person		
Other	Other	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 Jelony as provided for in s.817.155, F.S.

David Filison

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

TTH Gate Point Meadows, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 8th, 2019, with a duration that is until December 31st, 2075, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of April, 2019.

Mark Hammond, Secretary of State