

M 190000004874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

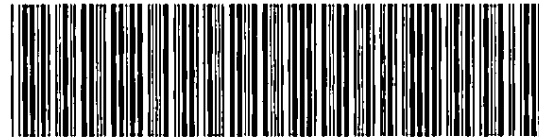
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100328067531

04/24/19--01007--016 **130.00

APPROVED
AND
FILED
2019 MAY 15 PM 4:57
T. GLASS
FILING OFFICER

T GLASS

MAY 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2019

JOSHUA O. DORCEY, ESQ.
10181-C SIX MILE CYPRESS PKWY
FORT MYERS, FL 33966 US

SUBJECT: TLC PROPERTY HOLDINGS, LLC
Ref. Number: W19000042767

We have received your document for TLC PROPERTY HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 819A00008772

2019 MAY 15 PM 4:57
APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLC Holdings Wyoming, 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:

Joshua O. Dorcey, Esq.

Name of Person

The Dorcey Law Firm, PLC

Firm/Company

10181-C Six Mile Cypress Pkwy

Address

Fort Myers, FL 33966

City/State and Zip Code

registeredagent@dorceylaw.com

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

APPROVED
AND
FILED
2019 MAY 15 PM 4:57

For further information concerning this matter, please call:

Joshua O. Dorcey

239

418-0169

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. TLC Holdings Wyoming, LLC
(Name of Foreign Limited Liability Company, and 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. Wyoming 3. 83-4334223
(Jurisdiction under the law of which foreign limited liability company is organized) (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. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

18570 Deep Passage Lane 16970 San Carlos Blvd S #16095

Fort Myers Beach, FL 33931 Fort Myers, FL 33908

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

Name: DLF Registered Agent Service, LLC

Office Address: 10181-C Six Mile Cypress Pkwy

Fort Myers 33966
(City) Florida (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.

[Signature]
(Registered agent's signature)

APPROVED
AND
FILED
2019 MAY 15 PM 4:57
TALLAHASSEE, FLA.
CLERK OF THE CIRCUIT COURT

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]:

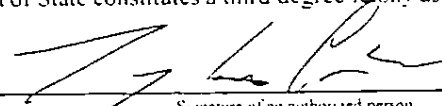
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Terry L. Carlson	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	16970 San Carlos Blvd S. #16095	<input type="checkbox"/> Authorized	_____
Person	Fort Myers, FL 33908	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

APPROVED
 AND
 FILED
 2019 MAY 15 PM 4:57
 CLERK OF COURT
 101 N. GADSDEN ST.
 TAMPA, FL 33602


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.



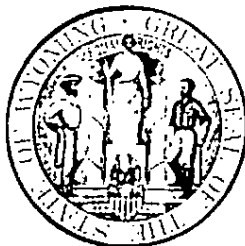
 Signature of an authorized person



 Typed or printed name of signer

State of Wyoming

Office of the Secretary of State



United States of America, } ss.
State of Wyoming }

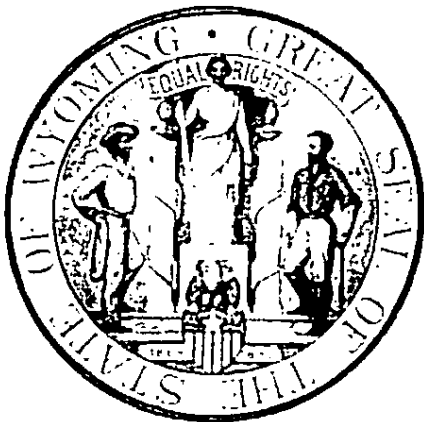
I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

TLC Holdings Wyoming, LLC
is a
Limited Liability Company

Formed or qualified under the laws of Wyoming did on **March 29, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned identification number, **2019-000848789**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 9th day of April A.D., 2019.



Edward A. Buchanan

Secretary of State

By *Rosalie Gonzales*

Rosalie Gonzales

APPROVED
AND
FILED
2019 MAY 15 PM 4:57
TALLAHASSEE, FLA.

RECEIPT



Secretary of State
2020 Carey Avenue
Cheyenne, WY 82002-0020

THE DORCEY LAW FIRM PLC
10181 SIX MILE CYPRESS PKWY STE C
FORT MYERS, FL 33966

RECEIPT INFORMATION

Receipt #: 001617991
Receipt Date: 04/09/2019
Processed By: Rosalie Gonzales

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Certificate of Good Standing		1	\$10.00	\$10.00
TOTAL CHARGES PAID				\$10.00

Description of Payment	Reference	Amount
Payment-Check / Money Order	6050	\$10.00
TOTAL PAYMENT		\$10.00

In Reference To:
TLC Holdings Wyoming, LLC

APPROVED
AND
FILED
2019 MAY 15 PM 4:57
TLC HOLDINGS WYOMING, LLC

PAD or Billing Questions?
(307) 777-5343
SOSAdminServices@wyo.gov