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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

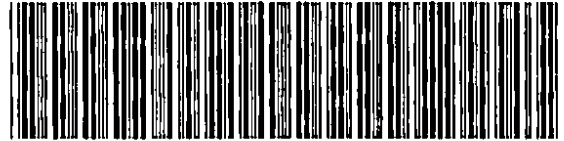
Special Instructions to Filing Officer:

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Office Use Only



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04/19/19--01006--029 **125.00

04/19/19 11:31 AM

24 JUN 13 14:11:31

FILED

Z BROWN

JUN 18 2019

June 12, 2019

VIA FEDEX

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

19 JUN 13 PM 2:59
JUN 13 2019
JUN 13 2019

Re: Lafayette's Kissimmee, LLC – Application of Foreign Limited Liability Company for
Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed is an exact copy of the FedEx which was sent to the Florida Secretary of State on
or about April 18, 2019, along with a copy of your letter of instructions.

Also enclosed is a return, self-addressed stamped envelope for your convenience in
returning the Application.

Thanks for your assistance.

Sincerely,

HARRIS SHELTON HANOVER WALSH, PLLC



A. Neal Graham

Bjork

ANG/es
Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lafayette's-Kissimmee, 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:

A. Neal Graham

Name of Person

Harris Shelton Hanover Walsh, PLLC

Firm/Company

6060 Primacy Parkway, Suite 100

Address

Memphis, TN 38119

City/State and Zip Code

agraham@harrishelton.com

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

For further information concerning this matter, please call:

S. Thomas Peters

901

544-9103

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. Lafayette's-Kissimmee, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3232727
(FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 149 Monroe Avenue
(Street Address of Principal Office)

6. 149 Monroe Avenue
(Mailing Address)

Memphis, TN 38103
Memphis, TN 38103

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

Name: CT Corporation

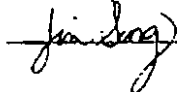
Office Address: 1200 South Pine Island Road, Suite 250

Plantation, Florida 33324
(City) (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.

C T Corporation System



Jin Song Assistant Secretary

(Registered agent's signature)

FILED

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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: S. Thomas Peters

☒ Member Address: 149 Monroe Avenue

☐ Authorized Memphis, TN 38103

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

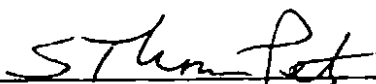
Person _____

☐ 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

S. Thomas Peters
Typed or printed name of signer

FILED
JUN 13 1991
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE



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

A. NEAL GRAHAM
SUITE 100
6060 PRIMACY PARKWAY
MEMPHIS, TN 38119

April 18, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0313234

Issuance Date: 04/18/2019
Copies Requested: 1

Document Receipt

Receipt #: 004766276

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3755989051

\$20.00

Regarding: Lafayette's-Kissimmee, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1006478

Formation/Qualification Date: 01/22/2019

Date Formed: 01/22/2019

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY 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

Lafayette's-Kissimmee, 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 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

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