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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : 120010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: yvonne.mendez@gray-robinson.com

Foreign Limited Liability Company Thompson Family Holdings II, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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JUN 19 2019

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. Thompson Family Holdings II, LLC

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

(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 "L.L.C.")

2. Delaware

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

3. Applied for

(VET number, if applicable)

4.

(Date first transaction business in Florida, if prior to registration.
(See sections 601.0904 & 605.0903, F.S. to determine possible liability))

5. 3900 Dow Road, Suite J

(Street Address of Principal Office)

Melbourne, Florida 32934

6. 3900 Dow Road, Suite J

(Mailing Address)

Melbourne, Florida 32934

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

Name: John R. Kanollia

Office Address: 1795 West NASA Boulevard

Melbourne

32901

(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.

(Registered agent's signature)

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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: Harry B. Thompson, III
☐ Member Address: 3900 Dow Road, Suite J
☐ Authorized Melbourne, Florida 32934
 Person _____
☒ Other Vice-President ☐ Other _____

☒ Manager Name: Ellen C. Durso
☐ Member Address: 3900 Dow Road, Suite J
☐ Authorized Melbourne, Florida 32934
 Person _____
☒ Other Vice-President ☐ Other Secretary/Treas.

☒ Manager Name: Robert Thompson
☐ Member Address: 3900 Dow Road, Suite J
☐ Authorized Melbourne, Florida 32934
 Person _____
☐ Other _____ ☐ Other _____

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

☒ Manager Name: Harry B. Thompson, Jr.
☐ Member Address: 3900 Dow Road, Suite J
☐ Authorized Melbourne, Florida 32934
 Person _____
☒ Other President ☐ Other _____

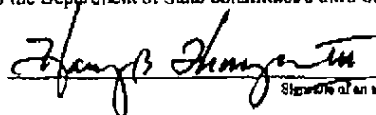
☒ Manager Name: Michael A. Thompson
☐ Member Address: 3900 Dow Road, Suite J
☐ Authorized Melbourne, Florida 32934
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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

Harry B. Thompson, III

Typed or printed name of signer

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THOMPSON FAMILY HOLDINGS II, 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 FOURTEENTH DAY OF JUNE, A.D. 2019.

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



7445830 8300

SR# 20195448650

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203029362

Date: 06-14-19