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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2019

WILL MONTGOMERY  
1730 GENERAL GEORGE PATTON DRIVE, STE 20  
BRENTWOOD, TN 37027

SUBJECT: MONTGOMERY & ASSOCIATES LLC  
Ref. Number: W19000037642

We have received your document for MONTGOMERY & ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please assign each authorized member a title

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 919A00012325

RECEIVED

JUL 05 2019

miss: N. G. / revenue

SOS. tn. gov.



Need acct#

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2019

Control #

000644119

WILL MONTGOMERY  
1730 GENERAL GEORGE PATTON DRIVE :  
STE 208  
BRENTWOOD, TN 37027

SUBJECT: MONTGOMERY & ASSOCIATES LLC  
Ref. Number: W19000037642

for franchise  
account

0321119277

We have received your document for MONTGOMERY & ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 319A00007701

RECEIVED

JUN 18 2019

9

~~615-233-6760~~

615-741-6488

April 1st  
Annual Report

Taxes clear Standing Annual Report

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Montgomery & Associates 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:

Will Montgomery - CEO/Principal

Name of Person

Montgomery & Associates LLC

Firm/Company

1730 General George Patton Drive, Ste 208

Address

Brentwood, TN 37027

City/State and Zip Code

will@montgomeryassociatesllc.com

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

For further information concerning this matter, please call:

Will Montgomery

615

483-4760

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. Montgomery & Associates LLC  
(Name of Foreign Limited Liability Company, must 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. Tennessee 3. \_\_\_\_\_  
(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. 1730 General George Patton Drive 6. 1730 General George Patton Drive  
(Street Address of Principal Office) (Mailing Address)

Ste 208 Ste 208

Brentwood, TN 37027 Brentwood, TN 37027

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

Name: Michelle Dean

Office Address: 1647 Eagles Landing Blvd #5

Tallahassee 32308  
(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.

Michelle Dean  
(Registered agent's signature)

FILED  
19 JUL -5 PM 1:24  
CLERK OF CIRCUIT COURT  
JANET A. LORRA

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: Will Montgomery - CEO  
☐ Member Address: Same as business  
☒ Authorized Will Montgomery - CEO  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☒ Manager Name: Matthew Rogers-Director of Op  
☐ Member Address: Same as business  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Rachel Bryant-Office Manager  
☐ Member Address: Same as business  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Jamie Robinson  
☐ Member Address: Same as business  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

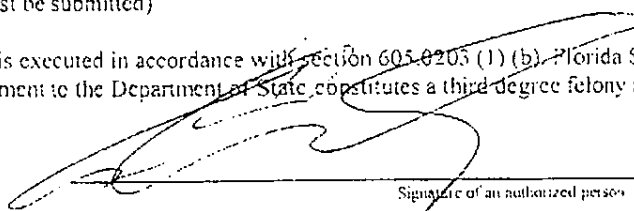
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ 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 605.0205 (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

Will Montgomery

Typed or printed name of signer

FILED  
19 JUL -5 PM 1:24  
TALLAHASSEE  
FLORIDA



**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

**RACHEL BRYANT**

June 13, 2019

ATTN: MATTHEW ROGERS

STE 208

1730 GENERAL GEORGE PATTON DRIVE

BRENTWOOD, TN 37027

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 06/13/2019

Request #: 0319658

Copies Requested: 1

**Document Receipt**

Receipt #: 004865627

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3760175139

\$20.00

**Regarding: Montgomery & Associates LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 644119

Formation/Qualification Date: 11/09/2010

Date Formed: 11/09/2010

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON 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

**Montgomery & Associates 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 filed the most recent annual report required with this office;

\* 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

Verification #: 033746526