

MI9000006737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

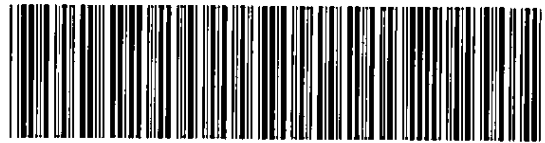
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COVER LETTER

TO: Registration Section  
Division of Corporations

Dr. Hank, LLC

SUBJECT: \_\_\_\_\_  
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:

Dan Beasley

\_\_\_\_\_  
Name of Person

Dr. Hank, LLC

\_\_\_\_\_  
Firm/Company

3905 Estes Rd

\_\_\_\_\_  
Address

Nashville, TN 37215

\_\_\_\_\_  
City/State and Zip Code

dtbeasley@gmail.com

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

For further information concerning this matter, please call:

Daniel Beasley

615

601-0707

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

↑  
SAM

2019 JUN 28 AM 12:51

FILED

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:

Dr. Hank, LLC

1. \_\_\_\_\_  
(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.")  
Tennessee 82-5195656

2. \_\_\_\_\_ 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.)  
3905 Estes Rd 3905 Estes Rd

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Nashville, TN 37215 Nashville, TN 37215

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

Name: Jeffrey McDaniel

Office Address: 4415 US Highway 92 W

Plant City, Florida 33563  
(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.

\_\_\_\_\_  
(Registered agent's signature)

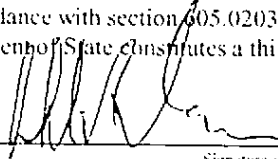
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                          |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Manager           | Name: <u>Jeffrey McDaniel</u>        | <input type="checkbox"/> Manager           | Name: <u>Dan Beasley</u>                          |
| <input checked="" type="checkbox"/> Member | Address: <u>4415 US Highway 92 W</u> | <input checked="" type="checkbox"/> Member | Address: <u>3905 Estes Rd. Nashville TN 37215</u> |
| <input type="checkbox"/> Authorized        | <u>Plant City, FL 33563</u>          | <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                    |
| <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                    |

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

Jeffrey McDaniel  
 Typed or printed name of signee



**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

**DAN BEASLEY**  
3905 ESTES RD  
NASHVILLE, TN 37215

June 17, 2019

**Request Type: Certificate of Existence/Authorization**  
Request #: 0319990

Issuance Date: 06/17/2019  
Copies Requested: 1

**Document Receipt**

Receipt #: 004872780  
Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3760409331 \$20.00

**Regarding: Dr. Hank, LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 04/16/2018  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control #: 958699  
Date Formed: 04/16/2018  
Formation Locale: TENNESSEE  
Inactive Date:

**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

**Dr. Hank, 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

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