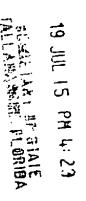
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
-	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only		



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JUL 1 6 20



June 24, 2019

TIM PIERSANT 890 RIVERFRONT PKWY CHATTANOOGA, TN 37402

SUBJECT: TNSH, LLC

Ref. Number: W19000059170

We have received your document for TNSH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00012745

RECEIVED
JUL 1 5 2019

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	TNSH, LLC	
30001	Name of Limited I.	iability Company
	closed "Application by Foreign Limited Liability Company for Ance, and check are submitted to register the above referenced fore	
Please	return all correspondence concerning this matter to the following	;
	Tim Piersant Name of Pe	rson
	TNSH, LLC	
	890 Biverfront Pk	MY
	Chattanooga, TN City/State and 2	37402 ip Code
	Brent@tnstillhouse.com E-mail address: (to be used for future	Shannon@tnstillhouse.co
For fur	ther information concerning this matter, please call:	
	Brent McLean at (4	23) 595-9200 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 the Status Status S125.00 Filing Fee Status	OF STATE S155.00 Filing Fee & S160.00 Filing Fee, Certification Copy Of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED I
1. TNSH, 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 Flori	
2. Tennessee (Jurisdiction under the law of which foreign limited habitity company is organized)	3. 47-1249\$363 (FE) number, it applicable)
4. (Date first transacted business in Florida it prior to re (See sections 605 0904 & 605 0905 F S to determine	gistration 1 e penalty hability i
5. TNSH LLC (Street Address of Principal Office)	6. TNSH, LLC (Mailing Address)
890 Riverfront Pkwy	890 Riverfront PKWY
Chattanoga, TN 37402	Chattanoga, TN=37402
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box	NOT acceptable) NOT acceptable) Ref. P.
Name: Charles Patrick Do	ANIS BY 1: 5
Office Address: 2011 NE 31St Stree	±
Lighthouse Point	. Florida <u>33064</u>
Desistant agent's recontances	

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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

(Registered agent) signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authori: manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Tim Piersant Manager Manager | Name: Member | Member Address: ______ Authorized Authorized Person Person Other Other Other Other Name: Brent McLean Manager Manager Name: _____ Address: 2210 Ashmore Ave ☐ Member Member Address: Chattanooga TN 37415 Authorized Authorized Person Person Dother COO/CF() Other____ Other_____ Other Name: Grant McCracken Manager Manager Address: 1958 Madison St. Member Member Chattanooga TN 37408 Authorized Authorized Person Person DOLLER CPO Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nor 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

BRENT MCLEAN

890 RIVERFRONT PKWY CHATTANOOGA, TN 37402 July 10, 20

Request Type: Certificate of Existence/Authorization

Request #:

0322409

Issuance Date: 07/10/2019

Copies Requested:

1

Document Receipt

Receipt #: 004912908

Filing Fee:

\$20.0

Payment-Credit Card - State Payment Center - CC #: 3761712585

\$20.C

Regarding:

TNSH, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

754147

Formation/Qualification Date: 04/09/2014

Date Formed:

04/09/2014

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as the issuance date noted above

TNSH, 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/authorizatio 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 not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 034115