NICOOTES

(Requ	estor's Name)	
(Áddr	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Доси	ıment Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



400332665334

08/05/19--01032--032 **125.00

PILED

2019 AUG -5 PH 3: 45

SECRETARY DESTATE
TALLAHASSEE, FLORIDA

Y SCOTT AUG 1 4 2019



COVER LETTER

то:	Registration Section Division of Corpo				
SUBJI	TN Gulker-TC	C, L.C.			
		Name	of Limited Liability (Company	
		by Foreign Limited Liability Co comitted to register the above re			
Please	return all corresponde	ence concerning this matter to	the following:		•
	Legal De	partment			2019
			Name of Person		LAGO AL
	TN Gulke	er-TC, L.C.			2019 AUG -5 PH 3: 45 TAIL LANASSEE, FLORID
			Firm/Company		Es P
	500 1st St	treet SE			3: 4 S[M S[M
	·		Address		Om O
	Cedar Ra	pids, IA 52401			
		Cit	y/State and Zip Code		
	legal@true	northcompanies.com			
		E-mail address: (to be u	used for future annual	report notification)	<u> </u>
For fur	ther information conc	eerning this matter, please call:			
	Jennifer Schilling		319 at (739-1195	
	N	ame of Contact Person	Area Code	Daytime Telepho	one Number
	MAILING ADDR Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 32.	ations n		STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle
Enclose	ed is a check for the f □ \$125.00 Filing F		& □ \$155.00 Filir Certified Copy		Filing Fee, Certificate & Certified Copy

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alterna-	e name adopted for the purpose of transacting business	in Florida. The after	mate name must include "Limited	Liability Company "	"L.L.C," or "LLC,")
2. Iowa		3.	83-3609911		
(Jurisdiction under the law o	which fixeign limited liability company is organized)			number, (l'applicable)	
‡ .					
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	or to registration)	ibility)		
500 1st Street SE			500 1st Street SE		
(Street Address of	d Principal Office)	u	(Mailing)	Address)	
Cedar Rapids, IA 52	401		Cedar Rapids, IA 52401		
		-		7ω	201
7. Name and street addr	ess of Florida registered agent: (P.O.)	Box <u>NOT</u> ac	ceptable)	ECKE ECKE	2019 AUG
Name:	Corporation Service Company			P. F.	
Office Address	1201 Hays Street	_		338 278 278	-5 F
	Tallahassee		, Florida <u>32301</u>		=
	(Cits)				့ ယ္
Taving been named as a lesignated in this applic ocomply with the provi	ptance: registered agent and to accept service ration, I hereby accept the appointmen sions of all statutes relative to the pro ns of my position as registered agent. Corporation Service Company	nt as register.	or the above stated limit ed agent and agree to a	ਾ ted liability.com act in this cana	Tr\ npany at the pla city. I further a
tesignated in this applic o comply with the provi and accept the obligation	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: (Registered agent	nt as register per and com and com in's laduure)	or the above stated limit ed agent and agree to a plete performance of n	ted liability con act in this capa ny duties, and l	npany at the pta city. I further a
Having been named as designated in this applic ocomply with the proving accept the obligation	ptance: registered agent and to accept service ration, I hereby accept the appointmen sions of all statutes relative to the pro ns of my position as registered agent. Corporation Service Company	per and comper and com	or the above stated limit ed agent and agree to a plete performance of n	ted liability con act in this capa ny duties, and i	npany at the pta city. I further a
Having been named as lesignated in this applic ocomply with the provind accept the obligation. 8. The name, title or cap	ptance: registered agent and to accept service ration. I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: (Registered age pacity and address of the person(s) who	per and comper and com	or the above stated limited agent and agree to a plete performance of m	ted liability con act in this capa ny duties, and i	npany at the pla city. I further a am familiar wi
Having been named as lesignated in this applic ocomply with the provint accept the obligation. 8. The name, title or ca	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: (Registered agent pacity and address of the person(s) who Name and Address:	per and comper and com	or the above stated limited agent and agree to a plete performance of m	ted liability con act in this capa ny duties, and i	npany at the pla city. I further a am familiar wi
Having been named as lesignated in this applic ocomply with the provint accept the obligation. 8. The name, title or ca	ptance: registered agent and to accept service ration. I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: (Registered age racity and address of the person(s) who Name and Address: Duane J. Smith 500 1st Street SE Cedar Rapids, IA 52401 Randall Rings	per and comper and com	or the above stated limited agent and agree to a plete performance of m	ted liability con act in this capa ny duties, and i	npany at the pla city. I further a am familiar wi
Having been named as lesignated in this applic o comply with the provind accept the obligation. 8. The name, title or can Title or Capacity: Manager	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Case Registered age nacity and address of the person(s) who Name and Address: Duane J. Smith 500 1st Street SE Cedar Rapids, IA 52401 Randall Rings 500 1st Street SE	per and comper and com	or the above stated limited agent and agree to a plete performance of m	ted liability con act in this capa ny duties, and i	npany at the pla city. I further a am familiar wi
Having been named as lesignated in this applic o comply with the provind accept the obligation. 8. The name, title or can Title or Capacity: Manager	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Case Registered age Registered agent Duane J. Smith 500 1st Street SE Cedar Rapids, IA 52401 Randall Rings 500 1st Street SE Cedar Rapids, IA 52401	per and comper and com	or the above stated limited agent and agree to a plete performance of m	ted liability con act in this capa ny duties, and i	npany at the pla city. I further a am familiar wi
Having been named as lesignated in this applic o comply with the provinal accept the obligation. 8. The name, title or can a Title or Capacity: Manager Manager Use attachments if neces	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Company	nt as registers per and com hit's to hure) o has/have au Title	or the above stated limited agent and agree to a plete performance of manage is/are to or Capacity:	Name and	d Address:
Having been named as lesignated in this applic o comply with the provinal accept the obligation. 8. The name, title or carrille or Capacity: Manager Manager Use attachments if neces. Attached is a certificat arisdiction under the laws.	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Case Registered age reacity and address of the person(s) who Name and Address: Duane J. Smith 500 1st Street SE Cedar Rapids, IA 52401 Randall Rings 500 1st Street SE Cedar Rapids, IA 52401 ssary) e of existence, no more than 90 days of the of which it is organized. (If the certifi	his locure) o has/have au Title	the above stated limited agent and agree to a plete performance of medical plete performance or Capacity:	having custody	of records in the
Having been named as lesignated in this applic o comply with the provinal accept the obligation. 8. The name, title or call Title or Capacity: Manager Manager Use attachments if neces. Attached is a certificat	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Case Registered age reacity and address of the person(s) who Name and Address: Duane J. Smith 500 1st Street SE Cedar Rapids, IA 52401 Randall Rings 500 1st Street SE Cedar Rapids, IA 52401 ssary) e of existence, no more than 90 days of the of which it is organized. (If the certifi	his locure) o has/have au Title	the above stated limited agent and agree to a plete performance of medical plete performance or Capacity:	having custody	of records in the
Having been named as designated in this applic to comply with the provinal accept the obligation. 8. The name, title or capacity: Manager Manager Use attachments if necestical acceptance is a certification and the law of the translator must be seen. O. This document is executed to the complete it is the translator must be seen.	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Company	of as registers, per and comper a	the above stated limited agent and agree to a plete performance of manage is/are thority to manage is/are to or Capacity: Inticated by the official areign language, a translated lorida Statutes. I am aw	having custody	of records in the tificate under oasse information
Having been named as designated in this applic to comply with the provinal accept the obligation. 8. The name, title or capacity: Manager Manager Use attachments if necestical acceptance is a certification and the law of the translator must be seen. O. This document is executed to the complete it is the translator must be seen.	ptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Service Company By: Cost Service	of as registers, per and comper a	the above stated limited agent and agree to a plete performance of manage is/are thority to manage is/are to or Capacity: Inticated by the official areign language, a translated lorida Statutes. I am aw	having custody	of records in the tificate under oasse information

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:

f name unavailable, enter alternate n	name adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited Lia	bifity Company," "L.L.C," or "Ll.C,")
lowa		3. 83-3609911	
(Jurisdiction under the law of w	luch foreign limited liability company is organized)	J.	ber, if applicable)
			7.7
·	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	rior to registration.)	2019 AUG SECNE I
500 1st Street SE	(See Sections 605.0904 & 605.0905, F.S. to		PAR B 71
(Street Address of I	Principal Office)	6. 500 1st Street SE (Mailing Add	ress) (C = 1
Cedar Rapids, IA 5240	OI .	Cedar Rapids, IA 52401	SEX OF 1
		-	P !!!
			<u> </u>
Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	3: 45 STATE LORIDA
	Corporation Service Company	,	DE O
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahasscc	er (1 3230)	
	(City)	, Florida 32301	
id accept the obligation:	s of my position as registered agent	op Debi Reaves performance of my to Assistant Vice President	auues, ana 1 am jamuuar s
nd accept the obligation:	s of my position as registered agent Corporation Service Company By: Herry	Assistant Vice President	aunes, ana 1 am jamuar s
id accept the obligation:	S of my position as registered agent Corporation Service Company By: Hewey (Registered a	Assistant Vice President	aunes, and 1 am jamuar s
id accept the obligation:	S of my position as registered agent Corporation Service Company By: Hewey (Registered a	Assistant Vice President	Name and Address:
id accept the obligation: . The name, title or capa	Corporation as registered agent Corporation Service Company By: (Registered agent (Registered agent)	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
nd accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) where and Address: Duane J. Smith 500 1st Street SE	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
nd accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) when and Address: Duane J. Smith	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
nd accept the obligations The name, title or capa Title or Capacity: Manager	cof my position as registered agent Corporation Service Company By: (Registered agent (Registered age	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
nd accept the obligations The name, title or capa Title or Capacity:	cof my position as registered agent Corporation Service Company By: (Registered agent Registered Registered Registered Agent Registered Re	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
nd accept the obligations The name, title or capa Title or Capacity: Manager	cof my position as registered agent Corporation Service Company By: (Registered agent Registered Registered Agent Registered Registe	Assistant Vice President gent's signature) no has/have authority to manage is/are:	<u> </u>
The name, title or capa Title or Capacity: Manager Manager	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) no has/have authority to manage is/are:	
The name, title or capa Title or Capacity: Manager Manager	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) ho has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or capa Title or Capacity: Manager Manager Jse attachments if necess Attached is a certificate	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) ho has/have authority to manage is/are: Title or Capacity: old, duly authenticated by the official ha	Name and Address:
The name, title or capa Title or Capacity: Manager Manager Jse attachments if necess Attached is a certificate risdiction under the law of	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) ho has/have authority to manage is/are: Title or Capacity:	Name and Address:
The name, title or capa Title or Capacity: Manager Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be su	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) to has/have authority to manage is/are: Title or Capacity: old, duly authenticated by the official ha ficate is in a foreign language, a translati	Name and Address:
The name, title or capa Title or Capacity: Manager Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sue. This document is exect	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) to has/have authority to manage is/are: Title or Capacity: old, duly authenticated by the official ha ficate is in a foreign language, a translation of the company of th	Name and Address: ving custody of records in on of the certificate under set that any false information
The name, title or capa Title or Capacity: Manager Manager Attached is a certificate risdiction under the law of the translator must be submitted in a document to	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) to has/have authority to manage is/are: Title or Capacity: old, duly authenticated by the official ha ficate is in a foreign language, a translati	Name and Address: ving custody of records in on of the certificate under set that any false information
The name, title or capa Title or Capacity: Manager Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sue.	corporation as registered agent Corporation Service Company By: (Registered agent (Assistant Vice President gent's signature) to has/have authority to manage is/are: Title or Capacity: old, duly authenticated by the official ha ficate is in a foreign language, a translation of the company of th	Name and Address: ving custody of records in ton of the certificate under one of that any false information

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 7/31/2019

Name: TN GULKER-TC, L.C. (489DLC - 463335)

Date of Incorporation: 8/30/2013

Duration: PERPETUAL

- I, Paul D. Pate. Secretary of State of the State of Iowa, custodian of the records of incorporations certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS175872

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State