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(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	05/06/13−−01016−−030 ++160.00
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Special Instruction and Filing Officer:	2019 AUG 21
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Office Use Only	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2019

VERONICA SEALES 1121 GREGORY DRIVE GALLATIN, TN 37066

SUBJECT: TENVISION, LLC Ref. Number: W19000076720

We have received your document for TENVISION, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 319A00017021

www.sunbiz.org

Division of Corporations - DO BOY 6397 Tallahasson Florida 39314

COVER LETTER

TO: **Registration Section Division of Corporations**

Tenvision, 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:

e of Person	
/Company	
Address	
e and Zip Code	
or future annual r	eport notification)
615 at (452-9770
	Daytime Telephone Number
	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
	/Company Address e and Zip Code or future annual r at (

For further

Veronica Seales	615 et (452-9770		
Name of Contact Person	Area Code	Daytime Telephone Number		
		····		

M Di Re P.(Та

Enclosed is a check for the Please make check payable	following amount: to: FLORIDA DEPARTME	INT OF STATE	
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	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 Tenvision, LLC

Sumner County TN		37-1502015
-	3.	57-1502015
(furisdiction under the law of which foreign limited liability company is organized)	J	(FEI number, if applicable)
January 31, 2019		
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration) ne penalty lia	tinty)
1121 Gregory Drive		121 Gregory Drive
(Street Address of Prosc.pal Office)	6	(Mailing Address)
Gallatin, TN 37066	(iallatin, TN 37066

7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>Kevin Crregory</u> Office Address: <u>Ille Cacillon Murket #202</u> Pailuthu City Brach FL, Florida <u>32413</u>

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]:

. .

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			<u>s:</u>
Manager	Name:	🔲 Manager	Name:			
Member	Address:	Member	Address: 1121 Gregory Drive Gallatin, TN 37066			
Authorized	Gallatin, TN 37066	🗍 Authorized				
Person		Person			·	
Owner	Ouher	Owner Other	<u></u>	Other	<u></u>	
Manager	Name:	🗌 Manager	Name:			
Member	Address: 1121 Gregory Drive	🔲 Member	Address:			
Authorized	Gallatin, TN 37066	Authorized		····		
Person		Person			2	
Other	Other	Other		Other	d 610	
					NUG	31
Manager	Name:	Manager	Name:	-	21	• ·• f*)
•		Member	Address:		РH	4 5 4 0 F 5
Member	Address:		Address:		<u> </u>	Ser
Authorized		Authorized		 	<u></u>	
Person	. <u></u>	Person		i 	•	
Other	Other	Other		Other_		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Veronica Seales Typed or printed name of signature



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

TENVISION, 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

Verification #: 034736627

Processed By: Cert Web User