

M19000008544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

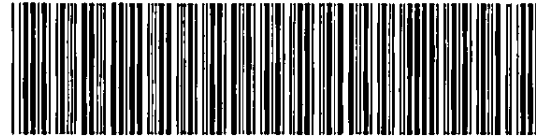
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800331581168

07/16/19--01004--030 \*\*70.00

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JUL 15 2019

08/21/19--01002--017 \*\*55.00

2019 SEP -3 PM 4:33

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B KINSEY  
SEP 05 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2019

HEATHER BUCHANAN  
100 WEST MAIN AVE., STE 101  
GASTONIA, NC 28052

SUBJECT: TLG TURF LLC  
Ref. Number: W19000067003

We have received your document for TLG TURF LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

There is a fee due of \$55.00,

The registered agent must sign accepting the designation.

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: 919A00014905

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AUG 16 2019

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2019

HEATHER BUCHANAN  
100 WEST MAIN AVE., STE 101  
GASTONIA, NC 28052

SUBJECT: TLG TURF LLC  
Ref. Number: W19000067003

We have received your document for TLG TURF 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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: 819A00017316

## COVER LETTER

FD-01 Registration Section  
Division of Corporations

SUBJECT: TUG TURF, 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:

HEATHER BULHANAN  
Name of Person

TUG TURF, LLC  
Firm/Company

100 WEST MAIN AVENUE, SUITE 101  
Address

GASTONIA, NC 28052  
City/State and Zip Code

HEATHER.BULHANAN@THELIVINGCOMPANIES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER BULHANAN at (828) 261-6625  
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  
2601 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

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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. TLG Turf 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. NORTH CAROLINA 3. 47-3401332  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/15/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8060 STATE ROAD 31 6. 100 WEST MAIN AVENUE  
(Street Address of Principal Office) (Mailing Address)

PUNTA GORDA, FL 33982 SUITE 101  
GASTONIA, NC 28052

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg Florida 33702  
(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.

Bill Hume

(Registered agent's signature)

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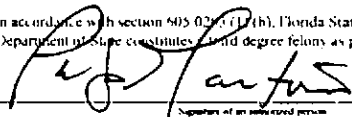
For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:	
<input type="checkbox"/> Manager	Name: <u>MICHAEL J. HAYNES</u>	<input type="checkbox"/> Manager	Name: <u>HEATHER BUCHANAN</u>				
<input checked="" type="checkbox"/> Member	Address: <u>100 WEST MAIN AVE.</u>	<input type="checkbox"/> Member	Address: <u>100 WEST MAIN AVE.</u>				
<input type="checkbox"/> Authorized	<u>SUITE 101</u>	<input checked="" type="checkbox"/> Authorized	<u>SUITE 101</u>				
Person	<u>GASTONIA, NC 28052</u>	Person	<u>GASTONIA, NC 28052</u>				
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name: <u>PAULIP MARCANTONIO</u>	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: <u>100 WEST MAIN AVE.</u>	<input type="checkbox"/> Member	Address: _____				
<input checked="" type="checkbox"/> Authorized	<u>SUITE N1</u>	<input type="checkbox"/> Authorized	_____				
Person	<u>GASTONIA, NC 28052</u>	Person	_____				
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name: <u>MARY HAYNES</u>	<input type="checkbox"/> Manager	Name: _____				
<input type="checkbox"/> Member	Address: <u>100 WEST MAIN AVE.</u>	<input type="checkbox"/> Member	Address: _____				
<input checked="" type="checkbox"/> Authorized	<u>SUITE 101</u>	<input type="checkbox"/> Authorized	_____				
Person	<u>GASTONIA, NC 28052</u>	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 605.02(3)(f)(h), 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  
PHILIP MARCANTONIO / CEO  
 Typed or printed name of signer

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 SEP 3 2019  
 CLERK OF COURT  
 CLERK OF COURT



# NORTH CAROLINA

## Department of the Secretary of State

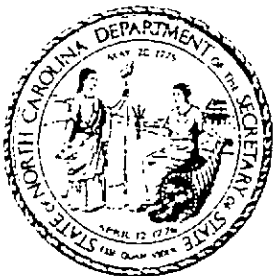
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### TLG TURF LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 13th day of March, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of June, 2019.

*Elaine F. Marshall*

Secretary of State