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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
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(Do	ocument Number)			
Certified Copies	_ Ceπificates	Certificates of Status		
Special Instructions to Filing Officer:				

Office Use Only



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T GLASS NOV 05 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 031255 7535507	
AUTHORIZATION: Spullelle man	
COST LIMIT : \$ 125.00	
	-
ORDER DATE : October 31, 2019	
ORDER TIME : 9:32 AM	
ORDER NO. : 031255-010	
CUSTOMER NO: 7535507	
FOREIGN FILINGS	ى ئ
FOREIGN FILINGS	-: -:
NAME: TLG MANAGEMENT PARTNERS LLC	;
	:: :: :
XXXX QUALIFICATION (TYPE: <u>LL</u>)	- ა
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: TLG MANAGEME Name of L	mited Liability Company
The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referen	ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the for	
J.M. LA	we of Person
TL6 MANAL	
20, LAPUE	Address WAY
PRIN BORF City/Stat	F2 33480 e and Zip Code
E-mail address: (to be used for	TLG HEDING. COM or future annual report notification)
For further information concerning this matter, please call:	
J.M. LAURE 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 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ENT OF STATE
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TLG Management F					
(Name of Foreig	n Limited Liability Company; must include "Limit	ted Liability Compa	nny," "L.L.C.," or "LLC.")		_
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida The alternate na	me must include "Limited Liability Co	ompany," "L.L.C," or "LI	_ LC.")
DE :		2			
(Jurisdiction under the law of v	hich foreign lumited liability company is organized)	J	(FEI number, if an	plicable)	_
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) tine penalty liability)		•	
201 La Puerta Way Palm Beach, FL 33480		201 L	a Puerta Way Palm Bea	ich, FL 33480	
(Street Address of	Principal Office)	0	(Mailing Address)		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptal	ula)		-
Name:	Corporation Service Company	<u></u>		7813 C	. ·
Office Address:	1201 Hays Street			#7 	
	Tallahassee	,	32301 Florida	= = =	
	(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.

Asst. Vice President

Roxanne Turner

(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: Name: The Lawrie Group, LLC Manager ☐ Manager Name: _____ Address: 201 La Puerta Way Member ☐ Member Address: __ _____ Palm Beach, FL 33480 Authorized ☐ Authorized Person Person Other___ Other____ Other ☐Other_____ Name: Name: _____ ☐ Member Address: ☐ Member Address: ____ ☐ Authorized ☐ Authorized Person Person Other Other____ Other_ Other Manager Name: _____ Manager Name: ____ Member Address: Address: Authorized ☐ Authorized Person Person 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. The Lawrie Group, LLC, Member, By: J. W. LAWRIE. Authorized Person



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TLG MANAGEMENT PARTNERS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLG MANAGEMENT PARTNERS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 1077 - 4 / 7 / 11 : 13



Authentication: 203919718

Date: 11-01-19