

M2000000219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

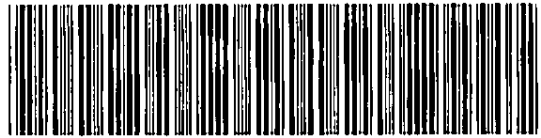
(Document Number)

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

Special Instructions to Filing Officer:

W19000110527  
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2020 JAN -3 PM 12:56

534  
1/8/20

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. LendedBar LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC" or "LLC")

2. If known, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC" or "LLC".

3. Delaware

37-1762389

(Jurisdiction under the law of which foreign limited liability company is organized)

(LLC number, if applicable)

4. 08/27/2019

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

5. 1849 Arden Way

(Street Address of Principal Office)

Jacksonville Beach, FL 32250

6. 1849 Arden Way

(Mailing Address)

Jacksonville Beach, FL 32250

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

Name: Justin Honeyuckle

Office Address: 1849 Arden Way

Jacksonville Beach 32250

(City)

Florida

(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.

Justin Honeyuckle

(Registered agent's signature)

2020 JUN - 8 PM 12:56

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TendedBar 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:

James Perkins

Name of Person

TendedBar

Firm/Company

1849 Arden Way

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

jay@tendedbar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Honeysuckle

904

463-1095

at ( )

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 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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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:**

☒ Manager Name: James Perkins  
☐ Member Address: 6621 North Creekwood Dr.  
☐ Authorized Brentwood, TN 37027  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Justin Honeysuckle  
☐ Member Address: 1849 Arden Way  
☐ Authorized Jacksonville Beach, FL 32250  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ 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 605.0203 (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.

James Perkins  
Signature of an authorized person

James Perkins  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TENDEDBAR 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

5579305 8300

SR# 20198881323

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204310015

Date: 12-27-19

STATE OF DELAWARE  
CERTIFICATE OF REVIVAL OF  
A DELAWARE LIMITED LIABILITY COMPANY  
PURSUANT TO TITLE 6, SEC. 18-1109

1. Name of the Limited Liability Company TendedBar LLC

2. Date of the original filing with the Delaware Secretary of State:

8/1/2014

3. The name and address of the Registered Agent is

Northwest Registered Agent Service, Inc.  
8 The Green STE B, Dover, DE 19901

4. (Insert any other matters the members determine to include herein).

5. This Certificate of Revival is being filed by one or more persons authorized to  
Execute and file the Certificate of Revival.

In witness whereof, the above name Limited Liability Company does hereby certify that  
the Limited Liability Company is paying all annual Taxes, penalties and interest due to  
the State of Delaware.

BY:

James Perkins

Authorized Person

Name: James Perkins

Print or Type

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2019

JAMES PERKINS  
1849 ARDEN WAY  
JACKSONVILLE BCH, FL 32250

SUBJECT: TENDEDBAR LLC  
Ref. Number: W19000110527

We have received your document for TENDEDBAR 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):

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.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

*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.*

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 119A00026046

RECEIVED  
JAN 03 2020

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314