

1/28/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

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Email Address: _____

**Foreign Limited Liability Company
Subway Development of West Central FL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 JAN 28 AM 10:12

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Subway Development of West Central FL, 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," "LLC," or "L.P.")

Knox County, Tennessee

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

84-338-0155

3. _____ (FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0914 & 605.0905, F.S. to determine penalty liability)

6250 Enterprise Dr

5. _____
(Street Address of Principal Office)

Knoxville TN 37909-1223

6250 Enterprise Dr

6. _____
(Mailing Address)

Knoxville TN 37909-1223

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

CT Corporation System

Name: _____

Office Address: 1200 South Pine Island Road

Plantation _____ Florida _____ 33324
(City) (Zip code)

(Cies)

Zip code

Registered agent's acceptance:

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.

april 1971

April Wittenwyler, Assistant Secretary

Registered age it's signature }

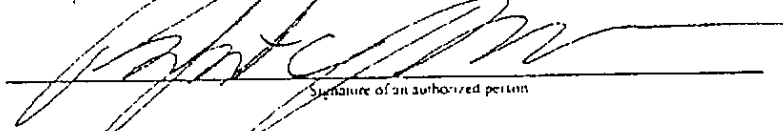
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert Maxson	<input type="checkbox"/> Manager	Name: John Dell
<input type="checkbox"/> Member	Address: PO Box 1297	<input type="checkbox"/> Member	Address: 3610 Crown Point Rd
<input type="checkbox"/> Authorized	Kodak TN 37764	<input type="checkbox"/> Authorized	Louisville TN 37777
Person		Person	
<input checked="" type="checkbox"/> Other Partner	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Partner	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jean Legere	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: PO Box 1238	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Oakland FL 34760	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Partner	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		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 605.0203 (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.


 Signature of an authorized person
 Robert Maxson
 Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WOLTERS KLUWER
600 SOUTH 2ND STREET SUITE 104
SPRINGFIELD, IL 62704

January 17, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0346616

Issuance Date: 01/17/2020
Copies Requested:

Document Receipt

Receipt #: 005205585

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3773528946

\$20.00

Regarding: Subway Development of West Central FL, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 10/16/2019

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #: 1057193

Date Formed: 10/16/2019

Formation Locale: TENNESSEE

Inactive Date:

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

Subway Development of West Central FL, 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 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

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