

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/13/2020

****WALK IN****

ENTITY NAME HILLMONT PROPERTIES LLC

DOCUMENT NUMBER _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hillmont Properties, 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:

Taylor B. Mayes
Name of Person

Firm/Company

150 3rd Avenue South, Suite 1600
Address

Nashville, TN 37201
City/State and Zip Code

taylor.mayes@butlersnow.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Taylor B. Mayes	615	651-6710
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

1. Hillmont Properties, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC" or "L.L.C.")

2. Tennessee
(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "L.L.C.")

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

4. N/A
(Date first transacted business in Florida (if prior to registration)
(See sections 605.002 & 605.003, F.S. to determine penalty liability)

5. 150 3rd Avenue South, Suite 1600
(Street Address of Principal Office)
Nashville, TN 37201

6. 150 3rd Avenue South, Suite 1600
(Mailing Address)
Nashville, TN 37201

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7. Name and street address of Florida registered agent: (P.O. Box NOI acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Patricia A. Boverie (Registered agent's signature)
Patricia A. Boverie, ASST. Secretary

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: Taylor B. Mayes
 Member Address: 4502 Yancey Drive
 Authorized Nashville, TN 37215
 Person _____
 Other _____ Other _____

Manager Name: Brian Waller
 Member Address: 6429 Worchester Drive
 Authorized Nashville, TN 37221
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Blake C. Mayes
 Member Address: 4502 Yancey Drive
 Authorized Nashville, TN 37215
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____


Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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
 Taylor B. Mayes, Manager

 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

BUTLER SNOW LLP
SUITE 1600
150 3RD AVENUE SOUTH
NASHVILLE, TN 37201

March 13, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0354537

Issuance Date: 03/13/2020
Copies Requested: 1

Document Receipt

Receipt #: 005370516

Filing

Payment-Credit Card - State Payment Center - CC #: 3777584257

\$20.00
\$20.00

Regarding: Hillmont Properties, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 03/12/2020
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control #: 0856557
Date Formed: 03/12/2020
Formation Locale: TN
Inactive Date:

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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

Hillmont Properties, 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

Processed By: Cert Web User

Verification #: 038428233