

(Requestor's Name)					
(A	Address)				
(A	Address)	<u>.</u>			
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(E	Business Entity Name)				
75	December Number				
(Document Number)					
Certified Copies	Certificates of State	ıs			
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Team Cabled LLC ECT:		_
	me of Limited Liability Company	
	y Company for Authorization to Transact Business in Florida e referenced foreign limited liability company to transact bus	
return all correspondence concerning this matter	r to the following:	
Paul Feazell		
-	Name of Person	_
Team Cabled LLC		
	Firm/Company	_
2041 East Shiloh Rd		
	Address	-
Corinth, MS 38834		
	City/State and Zip Code	-::
accounting@teamcabled.com		•
E-mail address: (to	be used for future annual report notification)	ر ، - `ي
rther information concerning this matter, please of	call:	:
Wanda Feazell	731 6104070	
Name of Contact Person	at ()	_ :·J
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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:

Team Cabled LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	rd Liability Com	any," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	Torida. The alternat	e name must include "Limited Liability C	ompany," "L.L.C," or "L.L.C.
Mississippi 2.		46-3 3.	945577 (Fit number, if ap)	
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if ap	oficable)
6-1-2020 4.				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) iine penalty liability	·)	
2041 East Shiloh Rd	·	2041	East Shiloh Rd	
(Street Address of Principal Office)			(Mailing Address)	
Corinth, MS 38834		Corin	nth, MS 38834	
·				F-3
7. Name and street address	ss of Florida registered agent: (P.O. Bo	c <u>NOT</u> accep	able)	
				.>
Name:	Registered Agents Inc.		_	
	7901 4th St North, STE 300			:
Office Address:	7701 101 101 101 101 101 101 101 101 101		_	7.7 (N)
	St. Petersburg, FL		33702 , Florida	۲۵
	(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 Havre Bill Havre
(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:	
■Manager	Name: Paul Feazell	□Manager	Name: Wanda Feazell	
□Member	Address: 5205 Pleasant Site Rd	□Member	Address: 5205 Pleasant Site Rd	
□Authorized	Selmer, TN 38375	Authorized	Selmer, TN 38375	
Person		Person		
□Other	Other	□ Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	···	
Person		Person	~	
Other	Other	□Other	Other	

<u>Important Notice:</u> 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.

Paul Feazell

Typed or printed name of signee



I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

TEAM CABLED LLC

Registered the 28th day of October, 2013

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

735 Foote Street Corinth, MS 38834

And that the registered agent at that address is:

KEN HARDWICK

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

...\.

Given under my hand and seal of office the 22nd day of May, 2020

Michael Watson

Certificate Number: CN20083430

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx