

6/15/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**Yahaha LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

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

1. Yahaha 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," "L.L.C.," or "LLC.")

2. Tennessee

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

85-1094469

3. (PEI number, if applicable)

4. 5/20/2020

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

5. 6250 Enterprise Dr

(Street Address of Principal Office)

6. 6250 Enterprise Dr

(Mailing Address)

Knoxville TN 37909-1223

Knoxville TN 37909-1223

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

C T Corporation System

Christina Kalm  
Assistant Secretary

By:

(Registered agent's signature)

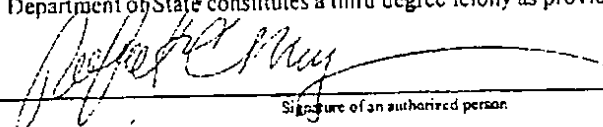
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: Gerald Abrams            |
| <input checked="" type="checkbox"/> Member | Address: 1264 Old Red Lane     | <input checked="" type="checkbox"/> Member | Address: 305 Ridge Top Ct      |
| <input type="checkbox"/> Authorized        | Sevierville TN 37676           | <input type="checkbox"/> Authorized        | Franklin TN 37067              |
| Person                                     |                                | Person                                     |                                |
| <input type="checkbox"/> Other             | <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 |
| <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  
CT CORPORATION EFF  
600 SOUTH 2ND STREET SUITE 1  
SPRINGFIELD, IL 62704

June 15, 2020

Request Type: Certificate of Existence/Authorization  
Request #: 0368887

Issuance Date: 06/15/2020  
Copies Requested: 1

Document Receipt

Receipt #: 005602245

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3783545191

\$20.00

Regarding: Yahaha LLC  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 05/21/2020  
Status: Active  
Duration Term: Perpetual  
Business County: KNOX COUNTY

Control #: 1098499  
Date Formed: 05/21/2020  
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

Yahaha 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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