

M 200000006730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

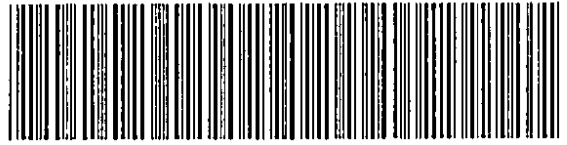
(Document Number)

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

Special Instructions to Filing Officer:

W 2000000084130

Office Use Only



600349289316

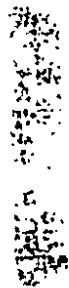
FILED

2020 AUG -3 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2020 AUG -3 PM 12:46



45  
8/5/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2020 AUG -4 PM 12:30

August 4, 2020

COGENCYGLOBAL

SUBJECT: TKM REAL ESTATE, LLC  
Ref. Number: W20000084130

We have received your document for TKM REAL ESTATE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yvette Scott  
Document Specialist II

Letter Number: 120A00014540



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **August 3, 2020**

Account#: 120000000088

Name: **ERIC B. HOOD**

Reference #: **1250180**

Entity Name: **TKM REAL ESTATE, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **CERTIFIED COPY AND CERTIFICATE OF STATUS**

**FILED**  
**2020 AUG -3 PM 3:30**  
**STATE OF FLORIDA**  
**TALLAHASSEE, FLORIDA**

Authorized Amount: **\$160.00**

Signature: *Eric Hood*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TKM Real Estate, 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:

Richard R. Otten, Chief Financial Officer

\_\_\_\_\_  
Name of Person

TKM Real Estate, LLC

\_\_\_\_\_  
Firm/Company

333 Plus Park Blvd.

\_\_\_\_\_  
Address

Nashville, TN 37217

\_\_\_\_\_  
City/State and Zip Code

RickOtten@cltte.com

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

2020 AUG -3 PM 3:30  
FILED  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

For further information concerning this matter, please call:

Debbie Marshburn

205

521-8564

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

1. TKM Real Estate, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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 "LLC.")

2. Tennessee 3. 45-3622860  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 333 Plus Park Blvd.  
(Street Address of Principal Office)

Nashville, TN 37217

6. 333 Plus Park Blvd.  
(Mailing Address)

Nashville, TN 37217

Attn: Richard R. Otten, Chief Financial Officer

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

Name: COGENCY GLOBAL INC

Office Address: 115 N. Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.*

/s/Eric B. Hood Assistant Secretary

(Registered agent's signature)

FILED  
2020 AUG -3 10 43:31  
TALLAHASSEE  
STATE  
SECRETARY OF  
FLORIDA

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: <u>William T. Minor Revocable Trust</u>	<input checked="" type="checkbox"/> Manager	Name: <u>William T. Minor</u>
<input checked="" type="checkbox"/> Member	Address: <u>333 Plus Park Blvd.</u>	<input type="checkbox"/> Member	Address: <u>333 Plus Park Blvd.</u>
<input type="checkbox"/> Authorized	<u>Nashville, TN 37217</u>	<input type="checkbox"/> Authorized	<u>Nashville, TN 37217</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Richard R. Otten, CFO</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>333 Plus Park Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Nashville, TN 37217</u>	<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 _____

FILED  
 2020 AUG -8 PM 3:13  
 FLORIDA SECRETARY OF STATE

**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

Richard R. Otten  
 \_\_\_\_\_  
 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

**DEBBIE MARSHBURN, BRADLEY**

July 29, 2020

JESSICA KEETON

1819 FIFTH AVENUE NORTH

BIRMINGHAM, AL 35203

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 07/29/2020

Request #: 0375191

Copies Requested: 1

**Document Receipt**

Receipt #: 005693017

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3786350022

\$20.00

**Regarding: TKM Real Estate, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 10/07/2011

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 669308

Date Formed: 10/07/2011

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

**TKM Real Estate, 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 filed the most recent annual report required with this office;

\* 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*

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 040899437