# Md000000983A

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# **COVER LETTER**

TO:

**Registration Section** 

ted Liability Company	
for Authorization to Transact Business in Florida," d foreign limited liability company to transact busin	
owing:	
of Person	
Company	
ddress	
and Zip Code	
future annual report notification)	
615 207-7429	
Area Code Daytime Telephone Number	
reet Address:	
Registration Section Division of Corporations	
Division of Corporations The Centre of Tallahassee	
2415 N. Monroe Street, Suite 810	
llahassee, FL 32303	
ENT OF STATE  1 \$155.00 Filing Fee & =================================	

# 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: Right Turn LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Right Turn TN 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 "L.L.C," Sumner County, TN 82-4218949 (Jurisdiction under the law of which foreign limited liability company is organized) (Fill number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) PO Box 904, Goodlettsville TN 37070 13825 Haynes Rd. Dover, FL 33527 mailing 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DJ Gleason Name: 13825 Haynes Rd. Office Address: Dover (City) 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 properand complete performance of my duties, and I am familiar with and accept the obligations of my position as 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]:

<b>Title or Capacity:</b>	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: DJ Gleason	≣Manager	Name: Jenny Gleason
□Member	Address:	□Member	Address: 13825 Haynes Rd.
□Authorized	Dover, FL 33527	□Authorized	Dover FL 33527
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
9. Attached is a cert jurisdiction under the of the translator must 10. This document is	Ise an attachment to report more than six (6). may be added to the index when filing your F ificate of existence, no more than 90 days old the law of which it is organized. (If the certificate the submitted) is executed in accordance with section 605.02 ment to the Department of State constitutor at	Florida Department of State , duly authenticated by the ate is in a foreign language 03(1)(b), Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.
admired in a docu	Di Glesson	of an authorized person	

Typed or printed name of signee



# **Division of Business Services Department of State**

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

### **DARRELL GLEASON**

RIGHT TURN LLC 13825 HAYNES RD. **DOVER, FL 33527** 

October 21, 2020

Request Type: Certificate of Existence/Authorization

Request #:

0386631

Issuance Date: 10/21/2020

Copies Requested:

Document Receipt

Receipt #: 005850321

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3791229340

\$20.00

Regarding:

Right Turn, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 01/30/2018

Status:

Active

Duration Term:

Perpetual

**Business County: SUMNER COUNTY** 

Control #:

944220

Date Formed:

01/30/2018

Formation Locale: TENNESSEE

Inactive Date:

Verification #: 042390126

# 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

## Right Turn, 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.

Secretary of State

Processed By: Cert Web User

Phone (615) 741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/