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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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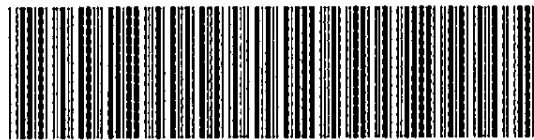
(Business Entity Name)

(Document Number)

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# MOORE INGRAM JOHNSON & STEELE

A LIMITED LIABILITY PARTNERSHIP  
WWW.MIJS.COM

**MARIETTA, GEORGIA**  
EMERSON OVERLOOK  
326 ROSWELL STREET  
SUITE 100  
MARIETTA, GEORGIA 30060  
TELEPHONE (770) 429-1499

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**JACKSONVILLE, FLORIDA**  
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BRENTWOOD, TENNESSEE 37027  
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**LEXINGTON, KENTUCKY**  
771 CORPORATE DRIVE  
SUITE 430  
LEXINGTON, KENTUCKY 40503  
TELEPHONE (859) 309-0026

**ORLANDO, FLORIDA**  
7380 WEST SAND LAKE ROAD  
SUITE 500  
ORLANDO, FLORIDA 32819  
TELEPHONE (407) 367-8233

**HARRISBURG, PENNSYLVANIA**  
3909 HARTZDALE DRIVE  
SUITE 901  
CAMP HILL, PENNSYLVANIA 17011  
TELEPHONE (717) 790-2854

December 16, 2020

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32303

Re: Authorization to Transact Business in Florida  
Traton of Florida, LLC

REC'D DEC 21 PM 3:05

Dear Sir/Madam:

Enclosed herewith please find a cover letter and an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, which includes a Certificate of Existence dated December 15, 2020 for the above referenced entity. Also, please find our firm's check in the amount of \$125.00 to cover the cost of filing the Application and a self-addressed stamped envelope for your convenience to return a copy of the stamped filed Application and Certificate of Authorization.

If you require anything further, or if you have any questions, please do not hesitate to contact our office.

Very truly yours,

MOORE INGRAM JOHNSON & STEELE, LLP

  
Wilma R. Bush

/gfw  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRATON OF FLORIDA, 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:

Wilma R. Bush  
Name of Person

Moore Ingram Johnson & Steele, LLP  
Firm/Company

326 Roswell Street, Suite 100  
Address

Marietta, GA 30060  
City/State and Zip Code

wrbush@mij.com  
E-mail address: (to be used for future annual report notification)

REC'D DEC 21 PM 3:05

For further information concerning this matter, please call:

Wilma R. Bush at ( 770 ) 429-1499  
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. Traton of Florida, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. 01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 720 Kennesaw Avenue
(Street Address of Principal Office)
Marietta, GA 30060

6. 720 Kennesaw Avenue
(Mailing Address)
Marietta, GA 30060

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

Name: Melissa Santalone, Freeman, Mathis and Gary

Office Address: 2502 North Rocky Point Drive, Suite 860

Tampa, Florida 33607
(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.

Melissa Santalone
(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]:

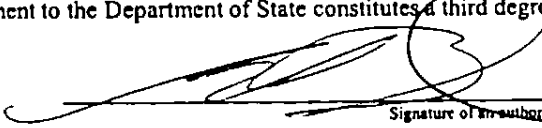
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Christopher J. Poston	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 720 Kennesaw Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Marietta, GA 30060	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2010-01-15  
 2:10 PM  
 2/10/10

**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

Wilma R. Bush

\_\_\_\_\_  
 Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Traton of Florida, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19857637  
Date Inc/Auth/Filed: 11/02/2020  
Jurisdiction : Georgia  
Print Date : 12/15/2020  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State