(Requestor's Name)				
(Address)				
(Ad	ddress)			
(Ci	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



000358547280

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 628115 7726768

AUTHORIZATION :

COST LIMIT : \$(125.00

ORDER DATE : January 19, 2021

ORDER TIME : 1:03 PM

ORDER NO. : 628115-020

CUSTOMER NO: 7726768

FOREIGN FILINGS

NAME: BELL & ASSOCIATES CONSTRUCTION

, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: ____

COVER LETTER

	Registration Sec Division of Corp						
SUBJECT	Bell & Asso	ciates Construction, LLC					
BODOLC	* · 	Name of Limited Liability Company					
			npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.				
Please ret	urn all correspon	dence concerning this matter to the	e following:				
	Jeffrey	Jeffrey A. Tinsley					
	Name of Person						
	Bell & Associates Construction, LLC						
		F	irm/Company				
	1000 H	1000 Health Park Dr., Ste. 150					
	Address Brentwood, TN 37027 City/State and Zip Code						
	jtinsley@balp.com						
		E-mail address: (to be use	d for future annual report notification)				
For further	r information co	ncerning this matter, please call:					
Jeffrey A. Tinsley		ey	615 373-4343				
_	1	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ction rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
P		k for the following amount: c payable to: FLORIDA DEPAR' Fee	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate				

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:

, ,	Limited Liability Company; must include "Limited I	Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternale	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC
Tennessee		62-1712793	
(Jurisdiction under the law of s	which foreign limited liability company is organized)	3(FEI number,	if applicable)
Upon Filing			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration) penalty liability)	·
1000 Health Park D	r., Ste. 150	P.O. Box 363	
eet Address of Principal Office)		6. (Mailing Address)	
Brentwood, TN 3702	27	Brentwood, TN 37024	
Name and street addre	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	2621 J
Name:	Corporation Service Company		2621 Jiili 22
Office Address:	1201 Hays Street		
Office Address:	1201 Hays Street Tallahassee	 32301 , Florida	30:11HW

and accept the obligations of my position as registered agent.

Corporation Service Company

By: Sizuali & Following (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: Name: see attached Manager □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____ □Manager Name: _____ Name: _____ □Manager □ Member Address: Address: ____ □ Authorized ☐ Authorized Person Person Other____ □Other_____ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Jeffrey A. Tinsley

Typed or printed name of signee

BELL & ASSOCIATES CONSTRUCTION, LLC LIST OF MEMBERS AS OF SEPTEMBER 30, 2020

<u>NAME</u>	TITLE	<u>ADDRESS</u>
STEVEN F. HOOVER	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
JEREMY MITCHELL	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
JOHN THAYER	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
ERIC PYLE	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
SCOTT MCKINNEY	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
TYLER POWELL	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
JEFFREY A. TINSLEY	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027
BELL IRREVOCABLE TRUST	MEMBER	1000 HEALTH PARK DR. #150; BRENTWOOD, TN 37027



Division of Business Services Department of State

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

ERICA TARRANT-WILSON

ERICA TARRANT-WILSON SUITE 400 2711 CENTERVILLE RD WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0398990

Issuance Date: 01/20/2021

Copies Requested:

January 20, 2021

Document Receipt

Receipt #: 006008038 Filing Fee:

Payment-Credit Card - State Payment Center - CC #: 3797167365

\$20.00 \$20.00

Regarding:

BELL & ASSOCIATES CONSTRUCTION, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 10/02/1997

Status:

Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

reipetual

Control #:

338504

Date Formed:

10/02/1997

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

BELL & ASSOCIATES CONSTRUCTION. 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 Secretary of State

Processed By: Cert Web User Verification #: 044005619