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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : ASMA & ASMA, P.A.
Account Number : 120060000067
Phone : (407)656-5750
Fax Number : (407)656-0486

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TALLAHASSEE, FL

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

Email Address: jrb@buhrmanlaw.com

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**Foreign Limited Liability Company
Mel House Properties, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

3/9/21

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. MEL HOUSE PROPERTIES, 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)

3. 86-1857835
(FEI number, if applicable)

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

5. 2969 REFLECTION LANE
(Street Address of Principal Office)

6. _____
(Mailing Address)

OOLTEWAH TENNESSEE 37363

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

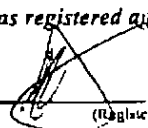
Name: ASMA & ASMA P.A.

Office Address: 884 SOUTH DILLARD STREET

WINTER GARDEN, Florida 34787
(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.



(Registered agent's signature)

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TALLAHASSEE, FL

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:

Manager Name: MELVIN J. SCHROCK

Member Address: 2969 REFLECTION LANE

Authorized OOLTEWAH TN 37363

Person _____

Other _____ Other _____

Manager Name: AUSTIN J. SCHROCK

Member Address: 2969 REFLECTION LANE

Authorized OOLTEWAH TN 37363

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: JENNIFER S. SCHROCK

Member Address: 2969 REFLECTION LANE

Authorized OOLTEWAH TN 37363

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

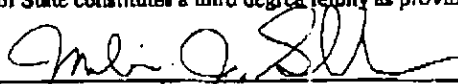
Other _____ Other _____

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 ALABAMA

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

Melvin J. Schrock

 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

JOHN BUHRMAN
JOHN BUHRMAN
SUITE 210
345 FRAZIER AVENUE
CHATTANOOGA, TN 37405

March 4, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0405936

Issuance Date: 03/04/2021
Copies Requested: 1

Document Receipt

Receipt #: 008117929

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3800818126

Regarding: Mel House Properties, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 02/03/2021
Status: Active
Duration Term: Perpetual
Business County: HAMILTON COUNTY

Control #: 1168348
Date Formed: 02/03/2021
Formation Locale: TENNESSEE
Inactive Date:

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HAMILTON, TN

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

Mel House Properties, 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

Processed By: Carl Web Uaer

Verification #: 044831833