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## PHILLIPS & INGRUM

An Association of Attorneys : 117 East Main Street
Gallatin, TN 37066
(615) 452-8030
(615) 452-3863 - Telecopier
www.phillipsandingrum.com

ROBERT G. INGRUM C. JAY INGRUM \*HALEY E. MEDLEY

\*Rule 31 Listed Family Mediator (2015 to Present)

GRAYSON SMITH CANNON BRANDON R. MEREDITH JOSHUA J. PHILLIPS

\*†JOHN R. PHILLIPS, JR.

\*Certified in Civil Trial Advocacy by the National Board of Trial Advocacy (1995 to Present)

†Rule 31 Listed Mediator General Civil Litigation March 2, 2021

(Via Federal Express)
Florida Secretary of State, Division of Corporations
Attn: Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Re: Car Keeyz, LLC (a Tennessee LLC). Application to Register Foreign Limited Liability Company

To Whom It May Concern:

I am an attorney for Car Keeyz, LLC, a Tennessee LLC. Please find enclosed cover lighter, Application to Register Foreign Limited Liability Company, certificate of existence from the Tennessee Secretary of State, and a check in the amount of \$130 for the filing fee, designation of registered agent, and certificate of status.

You may direct the letter of acknowledgement, certificate of status, or other related documents to my attention. Feel free to contact me if you have any questions or concerns.

Sincerely.

JOSHŲA J. PHILLIPS

JJP:rlh

cc: David Nutter (via Email)

### COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Car Keeyz, LLC						
Name of Limited Liability Company							
		ity Company for Authorization to Transact Business in Florid ove referenced foreign limited liability company to transact bu					
Please r	return all correspondence concerning this matt	ter to the following:					
	Joshua Phillips						
		Name of Person	_ :~;				
	Phillips & Ingrum	_	021 X	·			
		Firm/Company					
	117 East Main Street		_ <del>   </del> _ P}	i			
		Address 1100	_ చ _ ట	ليور.			
	Gallatin, TN 37066		ယ္ ယ တ				
	City/State and Zip Code						
	joshphillips@phillipsandingrum.com	า					
	E-mail address: (to	o be used for future annual report notification)	_				
For furt	her information concerning this matter, please	e call:					
	Joshua Phillips	615 452-8030 at ( )					
	Name of Contact Person	at ()Area Code Daytime Telephone Number	<del></del>				
	Mailing Address:	Street Address:					
Registration Section Division of Corporations P.O. Box 6327		Registration Section					
		Division of Corporations					
		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certifica	DEPARTMENT OF STATE					

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA.

name unavailable enter alternate name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "I imited Liabil	lits Company," "	LLC, or	<u>-110-</u>
Tennessee	n/a 3.			
(Jurisdiction under the law of which liveren limited liability company is organized)	(FEI number,	il applicable)	202	
n/a				
(Date first transacted business in Florida if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration ) r penalty liability)	<del>-</del> .	] <del>[</del> 0	-
7482 Hassells Creek Rd	7482 Hassells Creek Rd		4."	;
eet Address of Principal Office)	(5. (Mailing Address)	•!	===	; •
Primm Springs, TN 38476	Primm Springs, TN 38476	1121	<u>ယ</u> ယ	`. •
Name and street address of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)			
Name and street address of Florida registered agent: (P.O. Box  Name:  Ottice Address: Distribution Distribut	es Su, to 1403	08		

(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

itle or Capacity:	Name and Address:	Title or Capacit	<u>tv:</u>	Name and Address
□Manager	Name: David Nutter	□Manager	Name:	
<b>∄</b> Member	Address:	□Member	Address: _	
Authorized	Gallatin, TN 37066	□Authorized		
Person		Person		
Other	Other	□Other		□Other ≥
]Manager	Name: Brian Dancer	□Manager	Name:	i.
Member	Address:	□Member	Address: _	رور <u>تو</u> المراقع المراجع
lAuthorized	Primm Springs, TN 38476	□Authorized		<u> </u>
Person		Person		
]Other	□Other	□Other		□Other
Manager	Name:	□Manager	Name:	<u> </u>
Member	Address: H17 East Main St.	□Member		
Authorized	Gallatin, TN 37066	□Authorized		
Person		Person		
attorney iOther	Other	Other		□Other

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.

gnature of an authorized person

Joshua J. Phillips, attorney



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

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

**JOSHUA J PHILLIPS** 

117 EAST MAIN ST. GALLATIN, TN 37066 February 26, 2021

Request Type: Certificate of Existence/Authorization

Request #:

0405028

Issuance Date: 02/26/2021

Copies Requested:

**Document Receipt** 

Receipt #: 006100182

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3800133513

\$20.00

Regarding:

Car Keeyz, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

1139680

Formation/Qualification Date: 10/26/2020

Date Formed:

10/26/2020

Status:

Active

Formation Locale: TENNESSEE

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Verification #: 044733127

Duration Term:

Perpetual

Business County: HICKMAN COUNTY

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

#### Car Keeyz, 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.

Secretary of State

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