

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairway Financial Management, 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:

Charles Goldberg

Name of Person

Baker, Donelson, Bearman, Caldwell and Berkowitz

Firm/Company

One Eastover Center, 100 Vision Drive, Suite 400

Address

Jackson, MS 39211

City/State and Zip Code

cgoldberg@bakerdonelson.com

E-mail address: (to be used for future annual report notification)

2021 JUN -9 PM 4:44
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Charles Goldberg

601

3518927

Name of Contact Person

at ()

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 \$120.00 Filing Fee \$0.00

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. Fairway Financial Management, L.L.C.
(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. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration; see sections 605.0903 & 605.0905, F.S., to determine penalty liability)

5. 1050 Northpark Drive, Suite B
(Street Address of Principal Office)

6. 1050 Northpark Drive, Suite B
(Mailing Address)

Ridgeland, MS 39157

Ridgeland, MS 39157

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

Name: J. Michael Woodruff

Office Address: 857 Grand Harbour E

Miramar Beach, Florida 32550
(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.

J. Michael Woodruff

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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: <u>Thomas Hickman</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1050 Northpark Drive, Suite B</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Ridgeland, MS 39157</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<u>Other _____</u>	<input type="checkbox"/> Other _____	<u>Other _____</u>
<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 _____	<u>Other _____</u>	<input type="checkbox"/> Other _____	<u>Other _____</u>
<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 _____	<u>Other _____</u>	<input type="checkbox"/> Other _____	<u>Other _____</u>

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Thomas Hickman



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

FAIRWAY FINANCIAL MANAGEMENT, LLC

Registered the 26th day of December, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

120 Oak Grove Drive
Brandon, MS 39047

And that the registered agent at that address is:

Thomas William Hickman IV

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 13th day of May, 2021

Certificate Number: CN21110789

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

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SECRETARY OF STATE



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate

I, Jeffrey L. Lee, Assistant Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify that:

Business ID: 1057725

Business Name: **FAIRWAY FINANCIAL MANAGEMENT, LLC**

Registered Agent:
Thomas William Hickman IV
120 Oak Grove Drive
Brandon, MS 39047

Status: Good Standing

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2021 JUN -9 PM 4:45
SECRETARY OF STATE
JACKSON, MISSISSIPPI

Given under my hand and seal of office
the 13th day of May, 2021

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN21110789

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

FILED DOCUMENTS

<i>Description:</i>	<i>Date Filed:</i>
Formation For Fairway Financial Management, LLC	12/26/2014
Notice to Dissolve/Revoke	09/06/2016
Annual Report For Fairway Financial Management, LLC	10/03/2016
Annual Report For Fairway Financial Management, LLC	03/16/2017
Annual Report For Fairway Financial Management, LLC	02/02/2018
Annual Report For Fairway Financial Management, LLC	05/22/2019
Annual Report For Fairway Financial Management, LLC	02/12/2020
Annual Report For Fairway Financial Management, LLC	04/14/2021

OFFICERS AND DIRECTORS

<i>Name:</i>	<i>Address:</i>
Thomas William Hickman IV <i>Manager</i>	120 Oak Grove Drive Brandon, MS 39047

FILED
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SECRETARY OF STATE
JANUARY 1, 1820