8/4/2021

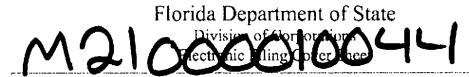
Page: 2 of 5

2021-08-04 10:40:16 CST

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From: Ranae McGraw

Division of Corporations



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.

(((H21000295125 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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

Email Address:____

Foreign Limited Liability Company CAT12G, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE POLLOWING IN SCIENTIFED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA: CATEG, LLC (Name of Foteign Limited Lightlity Company; most include "Limited Liability Company," "I. L.C.," or "LLC.") (If turne unavailable, enter alternate name adopted for the purpose of transacting business ta Florida. The alternate name total include "Limited Liability Company," "L.L.C," or "LLC," or "LLC," 47-2359372 (Jurisdiction under the law of which foreign limited liability company is preanized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 505,0904 & 605,0905, F.S. to determine penalty liability) 7849 Dayton Pike 7849 Dayton Pike (Street Address of Principal Office) Hixson, TN 37343 Hixson, TN 37343 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address Plantation (Cav) 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. C T Corporation System

Christine Kelm - Assistant Secretary

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: ☐Manager ☐Member ☐Authorized Person	Name and Address: James W Thomas III Name: 7849 Dayton Pike Address: TN 37343	_ ☐Member . ☐Authorized	Name:	ame and Address:
□Other				Other
□Manager	Name;	□Manager	Name:	
□Member	Audress:	□Member		
□Authorized		□ Authorized		
Person		Person		
☐Other	□Other	□Other)ther
	Name:	□Manager □Member		
□ Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		ther

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 tiling 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.

-65	Signature of an	nathorized person	
James W Thomas III	Member		



Division of Business Services Department of State

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

Secretary of State CT CORPORATION

CT CORPORATION

600 SOUTH 2ND STREET SUITE 104

WOLTERS KLUWER

SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

Request #;

0429713

Issuance Date: 08/04/2021

Copies Requested:

Filing Fee:

Document Receipt

Receipt #: 006546810

\$20.00

August 4, 2021

Payment-Credit Card - State Payment Center - CC #: 3811721800

\$20.00

Regarding:

CAT12G, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

775262

Formation/Qualification Date: 10/17/2014

Date Formed:

10/17/2014

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

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

CAT12G, 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.

Secretary of State

Verification #: 047827332 Processed By: Cert Web User