

W21000015042

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H21000416535 3)))



H210004165353ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (850) 498-5500  
Fax Number : (800) 432-3622

2021 NOV 10 PM 1:22

**\*\*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  
TIMEOUT HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

S. FRANKLIN  
NOV 12 2021

2021 NOV 10 AM 10:13

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

H21000416535

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Timeout Holdings, 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:

John R. Lancaster

Name of Person

Timeout Holdings, LLC

Firm/Company

6043 Bluewater Drive

Address

Lebanon, Tennessee 37087

City/State and Zip Code

lancaster1@charter.net

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

For further information concerning this matter, please call:

Knight Lancaster

at ( 615 ) 238-6332

Name of Contact Person

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    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2021 NOV 10 PM 1:22

H21000416535

H21000416535

**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. Timeout Holdings, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Timeout PCB, 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. 87-2119852

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 15817 Front Beach Road  
(Street Address of Principal Office)Unit 2-809Panama City Beach, Florida 324086. 15817 Front Beach Road  
(Mailing Address)Unit 2-809Panama City Beach, Florida 324087. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CAPITOL CORPORATE SERVICES, INC.Office Address: 516 EAST PARK AVE., FL-2TALLAHASSEE, Florida 32301  
(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.*

Mary Firk Asst. Sec. on behalf of Capitol Corporate Services, Inc.  
(Registered agent's signature)

H21000416535

H21000416535

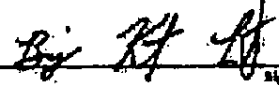
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity</u>	<u>Name and Address:</u>	<u>Title or Capacity</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: John R. Lancaster	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6043 Bluewater Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Lebanon, Tennessee 37087	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Penny F. Lancaster	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6043 Bluewater Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Lebanon, Tennessee 37087	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Benjamin K. Lancaster	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 511 Union Street STE 1000	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Nashville, Tennessee 37219	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**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.817.153, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
Benjamin K. Lancaster  
\_\_\_\_\_  
Typed or printed name of signer

H21000416535

H21000416535



**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

**SPENCER FANE BONE MCALLESTER**  
FRANCES E. GIST  
511 UNION STREET, SUITE 1000  
NASHVILLE, TN 37219

November 5, 2021

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0444203

**Issuance Date:** 11/05/2021  
**Copies Requested:** 1

**Document Receipt****Receipt #:** 006712067**Filing Fee:** \$20.00**Payment-Credit Card - State Payment Center - CC #:** 3817541642

\$20.00

**Regarding:** Timeout Holdings, LLC  
**Filing Type:** Limited Liability Company - Domestic  
**Formation/Qualification Date:** 08/13/2021  
**Status:** Active  
**Duration Term:** Perpetual  
**Business County:** WILSON COUNTY

**Control #:** 1229123  
**Date Formed:** 08/13/2021  
**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

**Timeout Holdings, 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:** Cert Web User**Verification #:** 049708332

H21000416535