

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.

((H21000416527 3)))



H210004165273ABC

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 : SWART BAUMRUK & COMPANY, LLP
Account Number : I20000000291
Phone : (407)847-7466
Fax Number : (407)847-6641

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

Email Address: taxes@sbc-cpa.com

Foreign Limited Liability Company
Gnash Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

S. FRANKLIN

NOV 12 2021

2021 NOV 10 AM 10:13

TAH NASSEFF, FLORIDA

(((H21000416527 3)))

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. Gnash 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. 82-3526217

(FEI number, if applicable)

4. November 10, 2021

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

5. 241 Messenger Lane

(Street Address of Principal Office)

Franklin, TN 37064

6. 241 Messenger Lane

(Mailing Address)

Franklin, TN 37064

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

Name:

Swart Baumruk & Company, LLP

Office Address:

1101 Miranda Lane

Kissimmee

(City)

Florida

34741

(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)

(((H21000416527 3)))

(((H21000416527 3)))

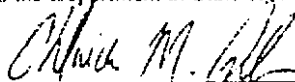
8 For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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 <u>Chadwick M. Anderson</u>	<input type="checkbox"/> Manager	Name <u>Christopher L. Sanders</u>
<input type="checkbox"/> Member	Address <u>1496 Stephanie Ct</u>	<input type="checkbox"/> Member	Address <u>241 Messenger Lane</u>
<input checked="" type="checkbox"/> Authorized	<u>Brentwood, TN 37027</u>	<input checked="" type="checkbox"/> Authorized	<u>Franklin, TN 37064</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<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	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<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	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<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 817.155, F.S.



Signature of an authorized person

Chadwick M. Anderson

Typed or printed name of signer

(((H21000416527 3)))

(((H21000416527 3)))



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

ANDY J. BAUMRUK
1101 MIRANDA LANE
KISSIMMEE, TN 34741

November 5, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0444175

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

Document Receipt**Receipt #:** 006711609**Filing Fee:** \$20.00**Payment-Credit Card - State Payment Center - CC #:** 3817531336

\$20.00

Regarding: GNASH PROPERTIES, LLC**Filing Type:** Limited Liability Company - Domestic**Control #:** 933950**Formation/Qualification Date:** 11/28/2017**Date Formed:** 11/28/2017**Status:** Active**Formation Locale:** TENNESSEE**Duration Term:** Perpetual**Inactive Date:****Business County:** WILLIAMSON 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

GNASH 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 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User**Verification #:** 049704434