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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

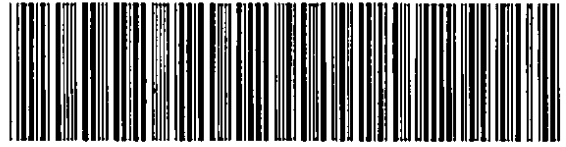
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S. FRANKLIN

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REC  
12/6/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CH II PTC BOYETTE, 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:

CONNIE WAMBACH

Name of Person

TRAYLOR BROS., INC

Firm/Company

835 N. CONGRESS AVE.

Address

EVANSVILLE, IN 47715

City/State and Zip Code

TBIADMIN@TRAYLOR.COM

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

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For further information concerning this matter, please call:

CONNIE WAMBACH

812

477-1542

at ( )

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

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. CH II PTC BOYETTE, 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3497233  
(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. 3879 MAPLE AVENUE  
(Street Address of Principal Office)

6. C/O TRAYLOR BROS.  
(Mailing Address)

SUITE 300

835 N CONGRESS AVE

DALLAS, TX 75219

EVANSVILLE IN 47715

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324  
(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.

*Jennifer Tasevoli* Jennifer Tasevoli Asst Secretary  
(Registered agent's signature)

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CLERK OF COURT  
JENNIFER TASEVOL

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: Daniel A. Traylor	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3879 MAPLE AVENUE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 300	<input type="checkbox"/> Authorized	_____
Person	DALLAS, TX 74219	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

DANIEL A. TRAYLOR, MEMBER

\_\_\_\_\_  
Typed or printed name of signer

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CLERK OF COURT  
FLORIDA DEPARTMENT OF STATE

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH II PTC BOYETTE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2021.

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TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

6373996 8300

SR# 20213722550

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204628558

Date: 11-08-21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2021

CONNIE WAMBACH  
835 N CONGRESS AVE  
EVANSVILLE, IN 47715 US

SUBJECT: CH II PTC BOYETTE, LLC  
Ref. Number: W21000150585

We have received your document for CH II PTC BOYETTE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 621A00026196

*Revised as instructed*

RECEIVED  
DEC 06 2021

*Existence & Certificate  
Attached  
Came*

[www.sunbiz.org](http://www.sunbiz.org)