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(((H22000027521 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

\*\*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 TDY PROPERTIES, LLC

Certificate of Status	0
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S. FRANKLIN

JAN 2 4 2022

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H22000027521

## 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:

TDY PROPERTIES, L.	NINESS IN THE STATE OF FLORID LC	n.				
(Name of Foreign	Limited Liability Company; must inclu	de "Limited Liability	Company," "L.U.C.," or "LLC.")			
(If name unavailable, enter alternate of	same adopted for the purpose of transacting b	ouriness in Florida. The e	hernate name must include "Limited Liability Co	этрапу," "L.L.С	; or "LLC	J.T)
COLORADO 2.		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is org	anized)	(FEI number, if app	licable)		
JANUARY 31, 2022						
<b></b>	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F	la, if prior to registration .S. to determine penalty i	) isbility)			
2760 N. Academy Blv	d., Stc. 302	,	2760 N. Academy Hlvd., Stc. 302			
5. (Street Address of Principal Office)		b	6. (Mailing Address)		<del> </del>	
Colorado Springs, CO 80917			Colorado Springs, CO 80917		2022 JAM	
		·			2	-4723
				<u> </u>	7	1 2 4
7. Name and street address	ss of Florida registered agent: (	P.O. Box <u>NOT</u> 8	cc <del>ep</del> table)	TH. C	AH II: 2	
				<u> </u>	27	
Name:	CAPITOL CORPORATE SE	ERVICES, INC.		·		
Office Address:	515 E. Park Avenue, 2nd Floo	or 	<del> </del>			
	Tallahassee		32301 , Florida			
	(City)	(Zip code)				
designated in this applica to comply with the provisi	gistered agent and to accept se tion. I hereby accept the appoi	intment as registe he proper and co	for the above stated limited liability red agent and agree to act in this nplete performance of my duties,	capacity. I	furthe	r agree
- "	Toylor Suy	Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.				
	(Regis	tered agent's signature)				

H22000027521

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:	Name and Address:	Title or Capacity:	Name and Address:	
<b>≅</b> Manager	Name: S. Todd Dorman	Manager	Name: Alexander D. Yoder	
□Member	Address: 2760 N. Academy Blvd., #302	□Member	Address: 2760 N. Academy Blvd., #302 Colorado Springs, CO 80917	
□Authorized	Colorado Springs, CO 80917	☐ Authorized		
Person		Person		
Other	Other	[]Other	Other	
<b>≅</b> Manager	Name: Rudy W. Thompson	□Manager	Name:	
□Member	Address: 2760 N. Academy Blvd., #302	□Member	Address:	
□Authorized	Colorado Springs, CO 80917	□Authörized		
Person		Person	2022	
□Other	Other	Other	Other C	
□Manager	Name:	☐ Manager	Name:	
□Member	Address:	□Member	Address: = = =	
□Authorized		□Authorized	:27	
Person		Person		
□Other	□Other	Other	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 esahorized person

Signature of an esahorized person

Signature of an esahorized person

H22000027521

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

TDY Properties, LLC

#### is a

### Limited Liability Company

formed or registered on 01/20/2022 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20221060507.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/19/2022 that have been posted, and by documents delivered to this office electronically through 01/20/2022 @ 15:32:03.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/20/2022 @ 15:32:03 in accordance with applicable law. This certificate is assigned Confirmation Number 13732325



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bis/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructional displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Burinesses, trademarks, trade names" and select "Frequently Asked Questions."