

**M220000587379**

Florida Department of State  
Division of Corporations  
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**To:**

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

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

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

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**Foreign Limited Liability Company  
TWIN PALMS FLORIDA, LLC**

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S. HAWKES

FEB - 2021

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Twin Palms Florida, 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:

James O. Birr, III, Esq.

\_\_\_\_\_  
Name of Person

Jimerson Birr, P.A.

\_\_\_\_\_  
Firm/Company

One Independent Drive, Suite 1400

\_\_\_\_\_  
Address

Jacksonville, FL 32202

\_\_\_\_\_  
City/State and Zip Code

laurengroover@brockbuilt.com

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

For further information concerning this matter, please call:

Samantha Braswell

904

389-0050

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

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# 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. Twin Palms Florida, L.L.C.  
(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. Georgia 3. 87-4084635  
(Jurisdiction under the law of which foreign limited liability company is organized) (PII number, if applicable)

4. February 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 280 Interstate North Circle SE, Ste 400 6. 280 Interstate North Circle SE, Ste 400  
(Street Address of Principal Office) (Mailing Address)  
Atlanta, GA 30339 Atlanta, GA 30339

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

Name: Jimerson Birr, P.A.

Office Address: One Independent Drive, Suite 1400

Jacksonville 32202  
(City) (Zip code)  
, Florida

## 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.

[Signature]  
(Registered agent's signature)

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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: Steve Brock	<input type="checkbox"/> Manager	Name: Michael Schweninger
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE
<input type="checkbox"/> Authorized	Suite 400	<input checked="" type="checkbox"/> Authorized	Suite 400
Person	Atlanta, GA 30339	Person	Atlanta, GA 30339
<input checked="" type="checkbox"/> Other MGMR	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Adam Brock	<input type="checkbox"/> Manager	Name: Jeff Brock
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE
<input checked="" type="checkbox"/> Authorized	Suite 400	<input checked="" type="checkbox"/> Authorized	Suite 400
Person	Atlanta, GA 30339	Person	Atlanta, GA 30339
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Nick Fender	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Suite 400	<input type="checkbox"/> Authorized	
Person	Atlanta, GA 30339	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

Michael Schweninger

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Control Number : 22023960

**STATE OF GEORGIA****Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

**CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Twin Palms Florida, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22520634  
Date Inc/Auth/Filed: 01/28/2022  
Jurisdiction : Georgia  
Print Date : 02/10/2022  
Form Number : 211



*Brad Raffensperger*

**Brad Raffensperger**  
Secretary of State