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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

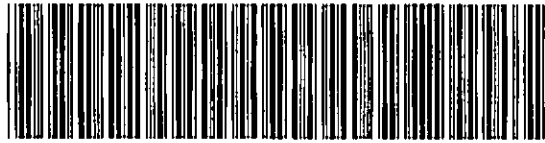
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2022 01:17 PM \$125.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEAVIS Family Properties, 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:

Thomas Richard TRAVIS  
Name of Person

TRAVIS Family Properties, LLC  
Firm/Company

1710 Graybar Lane,  
Address

Nashville, TN 37215  
City/State and Zip Code

ricktravis@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas R. TRAVIS at (615) 390-7897  
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. Travis Family 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. 88-1110516  
(FEI number, if applicable)

4. April 2 2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1710 Graybar Lane  
(Street Address of Principal Office)

6. Travis Family Properties, LLC  
(Mailing Address)

Nashville, Tennessee

1710 Graybar Lane  
Nashville, TN 37215

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

Name: Ms. Melissa Myers

Office Address: 7884 Tuscan Woods Drive

Tampa, Florida 33647  
(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.

Melissa Myers  
(Registered agent's signature)

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2022 APR 25 PM 5:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

☐ Manager                      Name: Thomas Richard TRAVIS

☒ Member                      Address: 1710 Graybar Lane

☐ Authorized                      Nashville, TN 37215

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Courtney TRAVIS

☐ Member                      Address: 1710 Graybar Lane

☒ Authorized                      Nashville, TN 37215

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

Thomas Richard Travis

Signature of an authorized person

Thomas Richard Travis

Typed or printed name of signer



Tom Hargett  
Secretary of State

# Division of Business Services

## Department of State

State of Tennessee

515 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102

THOMAS TRAVIS  
1710 GRAYBAR LN  
NASHVILLE, TN 37215-2106

March 31, 2022

Request Type: Certificate of Existence/Authorization  
Request #: 0468847

Issuance Date: 03/31/2022  
Copies Requested: 1

### Document Receipt

Receipt #: 007108197

Payment-Check/NO THOMAS TRAVIS, NASHVILLE, TN

Regarding: Travis Family Properties, LLC  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 03/08/2022  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control: 1291468  
Data Form ID: 03/08/2022  
Formation Location: TENNESSEE  
Inclusive Date:

### CERTIFICATE OF EXISTENCE

I, Tom Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above:

- Travis Family 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 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.

*Tom Hargett*  
Tom Hargett  
Secretary of State

Processed By: Tiffany Washington

Verification #: 052797830