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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 TK Miller Properties LLC

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate na	me adopted for the purpose of transacting bu-	sittess in Florida. The alter	mate name must include "Limited Lial	bility Company," "L.E.C," or "LEC.")	
2. Texas (Jurisdiction under the law of wh	ich foreign limited liability company is organi	3.	88-0752900 (FET numb	per, if applicable)	
4	(Date first transacted business in Florid (See sections 605.0904 & 605.0905. F.)	a, if prior to registration.) S. to determine penalty lia	ibility)		
_{5.} 7901 4th S		6	7901 4th St	N AS E	
STE 300	rincipal Office)		STE 300	2022 APR 27 SLURE IANS TALL AHASS	77
St. Petersbu	urg FL 33702		St. Petersburg		m
7. Name and street addres	s of Florida registered agent: (I	P.O. Box <u>NOT</u> ac	ceptable)	2: 18 TATE ORIDA	
Name:	Registered Ag	gents Inc	<u>C.</u>		
Office Address:	7901 4th St N	STE 30	00		
Omog Addiess.	St. Petersburg	9	Florida 3370	12	

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.

Bell Home
(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity	: Name an	d Address:
☐Manager	Name: Kristi Miller	Manager	Name:	
Member	Address: 7901 4th St N STE 300	Member	Address:	
Authorized	St. Petersburg FL 33702	Authorized		
Person		Person		
Other	Other	Other	Other	
Manager	Name: Thomas Miller	☐ Manager	Name:	
✓ Member	Address:	Member	Address:	
Authorized	St. Petersburg FL 33702	Authorized		
Person		Person		
Other	Other	Other	Other	
□Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		<u>.</u>
Person		Person		
Other	Other	Other	Other	
9. Attached is a cer jurisdiction under the translator mu	is executed in accordance with section 605.020; ment to the Department of State constitutes a th	orida Department of Sa duly authenticated by the c is in a foreign languar 3 (1) (b), Florida Statute	the Annual Report form. The official having custody of the certion of the certio	of records in the ficate under oat the information

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

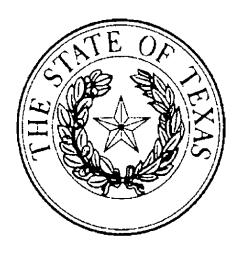
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TK Miller Properties LLC (file number 804351293), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 25, 2022.



John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services Document: 1124100420005