

M22000007296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

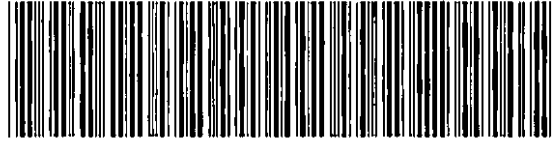
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 10 AM 11:50 2022 APR 10 PM 12:21

OFFICE OF THE CLERK OF THE
SUPREME COURT OF FLORIDA
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAY 11 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 666571 4802701

AUTHORIZATION :

COST LIMIT : \$125,000

ORDER DATE : May 10, 2022

ORDER TIME : 9:50 AM

ORDER NO. : 666571-005

CUSTOMER NO: 4802701

FOREIGN FILINGS

NAME: NAVARRE BEACH HOTELS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
 Division of Corporations

SUBJECT: NAVARRE BEACH HOTELS, 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:

NADEEM SIDDIQI

Name of Person

NAVARRE BEACH HOTELS, LLC

Firm/Company

706 WALNUT ST, SUITE 600

Address

KNOXVILLE, TN 37902

City/State and Zip Code

ROSEMARY@THE706.COM

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

For further information concerning this matter, please call:

ROSEMARY HINTON

865

633-6524 EXT 17

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. NAVARRE BEACH HOTELS, 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. STATE OF TENNESSEE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2344918

(FEI number, if applicable)

4. 09/30/2021

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

5. 706 WALNUT ST

(Street Address of Principal Office)

6. SAME

(Mailing Address)

SUITE 600

KNOXVILLE, TN 37902

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

FILED
2022 APR 10 PM 12:21
CLERK OF STATE
TALLAHASSEE, 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.

Corporation Service Company

By: Alexis Weir, assistant vice president

(Registered agent's signature)

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: HEETESH PATEL

☐ Member Address: 706 WALNUT ST

☒ Authorized SUITE 600

KNOXVILLE, TN 37902

Person

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: NADEEM SIDDIQI

☐ Member Address: 706 WALNUT ST

☐ Authorized SUITE 600

KNOXVILLE, TN 37902

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.



Signature of an authorized person

NADEEM SIDDIQI

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

NADEEM SIDDIQI
ROSEMARY HINTON
STE 600
706 WALNUT ST
KNOXVILLE, TN 37902

April 27, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0473002

Issuance Date: 04/27/2022
Copies Requested: 1

Document Receipt

Receipt #: 007199846 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3828210300 \$20.00

Regarding: Navarre Beach Hotels, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/20/2021
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY

Control #: 1232292
Date Formed: 08/20/2021
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

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

Navarre Beach Hotels, 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 filed the most recent annual report required with this office;
- * 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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