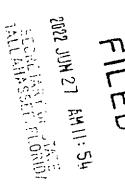
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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<u>) </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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K. SALY JUN 2 8 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>6/2//2022</u>	**WALK IN*
ENTITY NAME TGC PO	RT ST. LUCIE, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
xxxx	Plain Copy
	Certified Copy
	Certificate of Status
£	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATIO	DN
NUMBER OF CERTIFICATE	ES REQUESTED
TOTAL OWED \$ 125.00	ACCOUNT # 120160000072
Please call Tina at the	above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section

SUBJECT:		· · · · · · · · · · · · · · · · · · ·
	Name	e of Limited Liability Company
The enclosed Existence, a	d "Application by Foreign Limited Liability on check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please retuπ	all correspondence concerning this matter to	o the following:
	Lisa Coleman	
		Name of Person
	TGC PORT ST. LUCIE, LLC	
		Firm/Company
	322 S. Mosley	
		Address
	Wichita, KS67202	
	C	ity/State and Zip Code
	lisa@tgcgroup.net	
•	E-mail address: (to be	used for future annual report notification)
For further i	information concerning this matter, please ca	Π:
Ka	thy Clark	800 567-4397 at ()
	Name of Contact Person	at (
Re	niling Address: gistration Section	Street Address: Registration Section
	vision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee
	Illahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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:

	The purpose of a second	wida. The alternate name must include "Limited Liability Company," "I	LL.C, OF CCC.
Kansas		3. (FEI number, if applicable)	
(Jurisdiction under the law of v	hich foreign littated liability company is organized)	(FEI number, it applicable)	
Upon Registration			
	(Date first transacted business in Florida, if prior to it (See sections 605.0904 & 605.0905, F.S. to determine	egistration) to penulty liability)	
eet Address of Principal Office)		6(Mailing Address)	
322 S. Mosley		322 S. Mosley	
-			
Wichita, KS67202		Wichita, KS67202	<u>~</u>
Name and street addre	ss of Florida registered agent: (P.O. Box URS AGENTS, LLC	NOT acceptable)	N27 A
Office Address:	3458 Lakeshore Drive		AH IV CAN
	Tallahassee	32312	2/
	tananassee	. 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: Title or Capacity: Name and Address: Name: Nick Esterline □Manager Name: Address: _322 S. Mosley, Wichita, KS 67202 □Member Address: _____ **⊠**Member ☐ Authorized □ Authorized Person Person □Other____ □Other___ □Other □ Other Name: _____ □Manager □ Manager □Member □Member Address: Address: □ Authorized □ Authorized Person Person □ Other____ Other Other___ Other__ Name: _____ Name: □Manager □Manager □Member Address: ______ □Member Address: _____ ☐ Authorized □ Authorized Person Person □Other_____ □ Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 parauthorized person Nick Esterline

Typed or printed name of signee

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB



I, SCOTT SCHWAB. Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7544539

Entity Name: TGC PORT ST. LUCIE, LLC

Entity Type: DOM: ETD LIABILITY COMPANY

State of Organization: KS

was filed in this office on April 15, 2022, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

THE OF LAND OF

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 27, 2022

SCOTT SCHWAB SECRETARY OF STATE

(ort) School

Certificate ID: 1226240 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.