# M2200015349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400394200014

09/26/22--01032--029 \*\*160.00



2022 SEP 26 AN 9:01

S. ROBERTS
SEP 2 6 2022

#### **COVER LETTER**

	ation Section of Corporations				
	okey Road Developments LLC				
SUBJECT:		Name of Limited Liability Company			
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florid			
Please return all o	correspondence concerning this m	latter to the following:			
		Jared Sciullo			
		Name of Person			
		Smokey Road Developments LLC			
	Firm/Company				
	9578 Liberty Church Road				
	Address				
		Brentwood, TN 37027			
		City/State and Zip Code			
		j@phivestarr.com			
=	E-mail address	(to be used for future annual report notification)			
For further inform	nation concerning this matter, ple	ase call:			
Jared Sciullo		615 636-7501 at ( )			
	Name of Contact Person				
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			
Please n	d is a check for the following amonake check payable to: FLORIDA.  OO Filing Fee S130.00 Fil  Certif	A DEPARTMENT OF STATE			

### 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:

(**************************************	ments, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	C.")	
	name adopted for the purpose of transacting business in Flor	eide. The alternate name must include "I imi	led Lishility Company," "L.L.C." or "LU	
iame unavailable, enter alternate n Wyoming	ame adopted for the purpose of transacting business in Fior	88-2741163		
(Jurisdiction under the law of which foreign limited hability company is organize		3. (FEI number, if applicable)		
(	, , , ,			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)		
3435 Keating Road		6. (Mailing Address)	oad	
rect Address of Principal Office)		6. (Mailing Address)		
Pensacola, FL 32504		Brentwood, TN 37027		
		<del></del>		
			2022 SEP	
		<del></del>		
Nome and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	- F 2	
Name and street addres	5 of Florida registered agent. (1.0. Box	<u></u>	ي م	
	Jared Sciullo			
Name:			9: 00	
			· 0	
	3435 Keating Road		0	
Office Address:	3435 Keating Road		0	
Office Address:	3435 Keating Road Pensacola	32504 , 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 Capacit	y: Name and Address:
□Manager	Name:	□Manager	Name:
■Member	Address:	■Member	Address: 9578 Liberty Church Road
□Authorized	Brentwood, TN 37027	□Authorized	Brentwood, TN 37207
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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 felogy as provided for in s.817.155, F.S.

Signature of an authorized person

Jared Sciullo

Typed or printed name of signee

# State of Wyoming

## Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### SMOKEY ROAD DEVELOPMENTS LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 9**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022**-**001124180**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of September, 2022 at 10:44 AM.



Edware X. Bulling Secretary of State

By Shawn Hand

Shawn Havel