

M 220000015691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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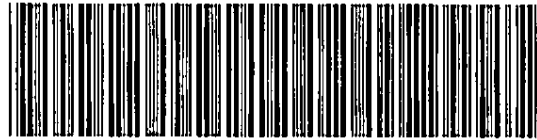
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 12 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Perfusion, 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:

Shad Smith

Name of Person

Palm Perfusion, LLC

Firm/Company

713 Waller Rd

Address

Brentwood, TN 37027

City/State and Zip Code

shadandsharon@comcast.net

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

For further information concerning this matter, please call:

Shad Smith

615

330-7315

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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. Palm Perfusion, 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. TN 62-1834958
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Oct 1, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 713 Waller Rd 713 Waller Rd
(Street Address of Principal Office) (Mailing Address)

Brentwood, TN 37027 Brentwood, TN 37027

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

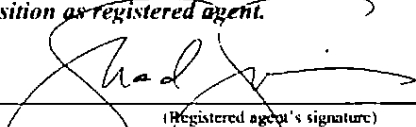
Name: Shad Smith

Office Address: 1445 E Cross St.

Pensacola 32503
(City) Florida (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.


(Registered agent's signature)

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CLERK OF THE
SUPREME COURT
OF THE STATE OF 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: Shad Smith

☒ Member Address: 713 Waller Rd

☐ Authorized Brentwood, TN 37027

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Chad Smith

☒ Member Address: 9204 Heritage Dr.

☐ Authorized Brentwood, TN 37027

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sharon Smith

☐ Member Address: 713 Waller Rd

☒ Authorized Brentwood, TN 37027

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

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 CLERK OF THE CIRCUIT COURT
 IN AND FOR THE COUNTY OF DADE
 FLORIDA



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

SHARON SMITH
713 WALLER RD
BRENTWOOD, TN 37027

September 23, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0496060

Issuance Date: 09/23/2022
Copies Requested: 1

Document Receipt

Receipt #: 007517322 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3836594914 \$20.00

Regarding: PALM PERFUSION, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/26/2000
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 396190
Date Formed: 09/26/2000
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

PALM PERFUSION, 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