

11/8/22 4:46 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)290-1590

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bmann@nasonyeager.com

**Foreign Limited Liability Company
Tide Tamer Florida, LLC**

Certificate of Status	0
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Corporate Filing Menu

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2022-11-08 16:49:16 EST

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From: Bridget Mann-Harrison

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. Tide Tamer Florida, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4134575
(FEI number, if applicable)

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

5. _____
(Street Address of Principal Officer)

6. _____
(Mailing Address)

678 NE Colin Kelly Highway
Madison, FL 32340

P.O. Box 737
Snow Hill, NC 28580

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

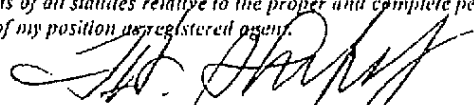
Name: Francis H. Shackelford, Jr.

Office Address: 678 NE Colin Kelly Highway

Madison, Florida 32340
(City) (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.



(Printed name of registered agent)

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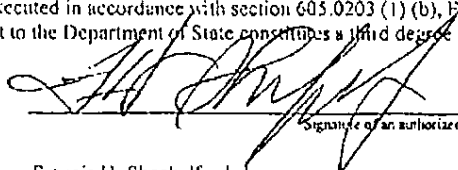
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Francis H. Shackelford, Jr.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Williams B. Griffin</u>
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 737</u>	<input checked="" type="checkbox"/> Member	Address: <u>PO Box 737</u>
<input type="checkbox"/> Authorized	<u>Snow Hill, NC 28580</u>	<input type="checkbox"/> Authorized	<u>Snow Hill, NC 28580</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
 Francis H. Shackelford, Jr.

 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TIDE TAMER FLORIDA, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 8th day of November, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of November, 2022.

Elaine F. Marshall

Secretary of State

November 8, 2022

Department of State
 Division of Corporations
 Corporate Filings
 P.O. Box 6327
 Tallahassee, FL 32314

RE: Tide Tamer Florida, Inc., a North Carolina corporation (the "Corporation")
 Document No.: F22000006832
 Tide Tamer Florida, LLC, a Florida limited liability company (Inactive as of 11/2/22)
 Document Number: L19000083962

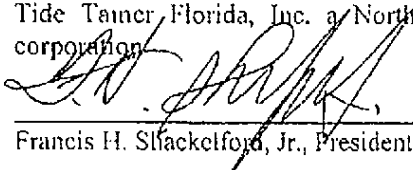
Dear Sir/Madam:

I am the President of the above referenced North Carolina corporation, Tide Tamer Florida, Inc., qualified to transact business in Florida. The Corporation hereby authorizes Tide Tamer Florida, LLC, a North Carolina limited liability company, to share its name, Tide Tamer Florida.

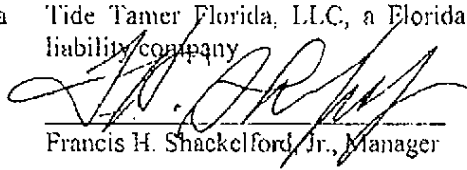
I was also the Manager of Tide Tamer Florida, LLC, a Florida limited liability company (the "FL LLC"). The FL LLC authorizes Tide Tamer Florida, LLC, a North Carolina limited liability company, to share its name, Tide Tamer Florida.

Please contact my office should you have any questions regarding the above.

Tide Tamer Florida, Inc., a North Carolina corporation


 Francis H. Shackelford, Jr., President

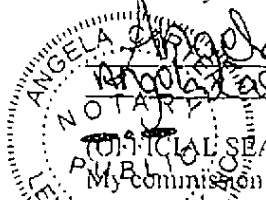
Tide Tamer Florida, LLC, a Florida limited liability company


 Francis H. Shackelford, Jr., Manager

NORTH CAROLINA
 LENOIR COUNTY

I, Angela Carter, Notary Public, certify that Francis H. Shackelford, Jr., being personally known to me or identified by satisfactory evidence, personally came before me this day and acknowledged that he is President of Tide Tamer Florida, Inc., a North Carolina corporation, and Manager of Tide Tamer Florida, LLC, a Florida limited liability company and that he, as President and Manager, being authorized to do so, voluntarily executed the foregoing on behalf of the Corporation and FL LLC.

Witness my hand and official seal or stamp, this the 8th day of November, 2022


Angela Carter, Notary Public
 My commission expires: 3/27/24