

M220004179433

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 12010P808125
Phone : (850)769-3434
Fax Number : (850)769-6122

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

Email Address: jcampfield@handfirm.com

Foreign Limited Liability Company
PALAPA MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALAPA MANAGEMENT, 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:

Jessica Campfield

Name of Person

Hand Arendall Harrison Sale, LLC

Firm/Company

35008 Emerald Coast Pkwy, Ste 500

Address

Destin, FL 32541

City State and Zip Code

jcampfield@handfirm.com

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

For further information concerning this matter, please call:

Jessica Campfield

850

650-0010

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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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. PALAPA MANAGEMENT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, user alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

Tennessee

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

3. 88-3635336

(FEL number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability)

617 MAJORCA AVE

5. (Street Address of Principal Office)

617 MAJORCA AVE

6. (Mailing Address)

ALTAMONTE SPRINGS, FL 32714

ALTAMONTE SPRINGS, FL 32714

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

Name: Hand Arendall Harrison Sale, LLC

Office Address: 35008 Emerald Coast Pkwy, Ste. 500

Destin, Florida 32541
(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.

DocuSigned by

Dian J. Moris

EC2438135547105

(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: <u>The Gurgamous Revocable Trust U/A</u> <u>dated September 4, 2019</u>	<input type="checkbox"/> Manager	Name: <u>The Reid Family Revocable Trust</u> <u>dated March 26, 2018</u>
<input checked="" type="checkbox"/> Member	Address: <u>2660 Sporting Hill Bridge Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>617 Majorea Ave.</u>
<input type="checkbox"/> Authorized	<u>Thompson Station, TN 37179</u>	<input type="checkbox"/> Authorized	<u>Altamonte Springs, FL 32714</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 checked="" 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.

DocuSigned by:

Warner Reid

Signature of an authorized person.

Warner Reid, as President of Palapa Management, LLC

Typed or printed name of signer

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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

JESSICA CAMPFIELD
JESSICA CAMPFIELD
SUITE 500
35008 EMERALD COAST PKWY
DESTIN, FL 32541

October 11, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0498566

Issuance Date: 10/11/2022
Copies Requested: 1

Document Receipt

Receipt #: 007547266 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3837647931 \$20.00

Regarding: Palapa Management, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 08/08/2022

Status: Active

Duration Term: Perpetual

Business County:

Control #: 1340042

Date Formed: 08/08/2022

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

Palapa Management, 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 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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