

M23000009486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

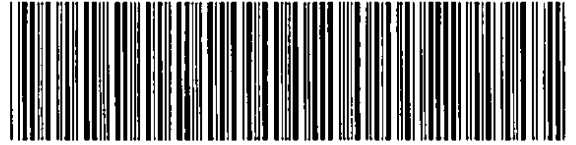
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APPROVED
AND
FILED
2023 JUL 12 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2023
K Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGR Investment Group 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:

Roderick Richardson
Name of Person

TGR Investment Group LLC
Firm/Company

1888 Main St STL # 255 Madison, MS 39110
Address

Madison MS 39110
City/State and Zip Code

info@tgrinvestmentgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roderick Richardson at (601) 988 2613
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

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

TGR Investments
(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. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-397188 / 84-3971818
(FEI number, if applicable)

4. March 27, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1888 Main St Ste C #255
(Street Address of Principal Office)

6. 1888 Main St Ste C #255
(Mailing Address)

Madison, MS 39110

Madison, MS 39110

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

Name: Roderick Richardson

Office Address: 15502 Stoney Pkwy West Ste 104-116
Winter Garden, Florida 34787
(City) (Zip code)

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HALLMARK, FLORIDA

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AND
FILED

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.

[Signature]
(Registered agent's signature)

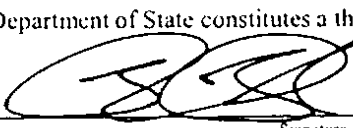
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Roderick Richardson</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>1585 Main Street #25</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>Madison MS 39110</u>		<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 _____	
<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
Roderick Richardson

Typed or printed name of signer



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

TGR INVESTMENT GROUP LLC

Registered the 12th day of December, 2019

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1888 Main Street Suite C 255
Madison, MS 39110

And that the registered agent at that address is:

Roderick Lamont Richardson

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 24th day of March, 2023

A handwritten signature of Michael Watson in black ink.

Certificate Number: CN23161175

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>