

M230000009654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

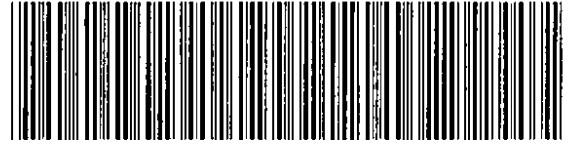
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600412487456

07/20/23--01026--010 **150.00

FILED
2023 JUL 20 PM 2:54
CLERK OF STATE
TALLAHASSEE, FL



July 18, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Foreign Limited Liability Company Registration
(re Hollingshead Mixer Company, LLC)

To Whom It May Concern:

Enclosed is a copy of the foreign limited liability company registration for the above-referenced company. Also included is a check to cover the filing fee.

If you have any questions, please do not hesitate to reach out.

Sincerely,
SMYRNA READY MIX CONCRETE, LLC

Daniel Gawlak
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hollingshead Mixer Company, 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:

J.D. Kious, General Counsel

Name of Person

Hollingshead Mixer Company, LLC

Firm/Company

1000 Hollingshead Circle

Address

Murfreesboro, TN 37129

City/State and Zip Code

legal@smyrnareadymix.com

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

For further information concerning this matter, please call:

Daniel Gawlak, Paralegal

629

247-5718

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

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. Hollingshead Mixer Company, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 07/01/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Hollingshead Circle
(Street Address of Principal Office)

6. 1000 Hollingshead Circle
(Mailing Address)

Murfreesboro, TN 37144

Murfreesboro TN 37144

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

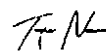
STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUL 20 PM 2:54

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.



(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]:

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

☐ Manager Name: Jeff Hollingshead, CEO

☒ Member Address: 1000 Hollingshead Circle

☐ Authorized Murfreesboro, TN 37129

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: J.D. Kiou, General Counsel

☐ Member Address: 1000 Hollingshead Circle

☒ Authorized Murfreesboro, TN 37129

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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

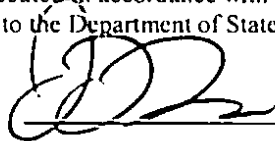
Person _____

☐ 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

J.D. Kiou, General Counsel

Typed or printed name of signer



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

DANIEL GAWLAK
1000 HOLLINGSHEAD CIRCLE
MURFREESBORO, TN 37129

July 18, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0538698

Issuance Date: 07/18/2023
Copies Requested: 1

Document Receipt

Receipt #: 008254031

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3854803705

\$20.00

Regarding: Hollingshead Mixer Company, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 07/08/2021
Status: Active
Duration Term: Perpetual
Business County: RUTHERFORD COUNTY

Control #: 1217221
Date Formed: 07/08/2021
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

Hollingshead Mixer Company, 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

Processed By: Cert Web User

Verification #: 061776322