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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Birdie & Co. 103 LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:
Pam Toole Name of Person
Firm/Company
1283 Enclave Road
Chattanovaa TN 37415 City State and Zip Code
E-mail address: (to be used for future arnual report notification)
For further information concerning this matter, please call:
Pam Toole at (423) 505-6914 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\frac{1}{2}\$\$ \$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee & \$\frac{1}{2}\$\$ \$155.00 Filing Fee & \$\frac{1}{2}\$\$\$ \$160.00 Filing Fee, Certificate Copy 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
(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. Hamilton (Junisdiction under the law of which foreign limited liability company is organized) (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. 6. Mailing Address)
1283 Enclave Rd. 1283 Enclave Rd. Chattanooga, TN 37415 Chattanooga, TN 37
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Terry Malone Office Address: 4071 5. Atlantic Are. Unit # 404
Office Address: 1011 S. ATTORUC OTTO S. ATTORU
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.
Levry Malone 9 1
(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Manager Name: ■ Manager Name: _____ ✓Member Address: Address: **Muthorized** ☐ Authorized Person Person ☐ Other_____ Other____ □Other Other Name: _____ Name: _____ □Manager □Manager ☐ Member Address: ______ □ Member Address: ______ □ Authorized ☐ Authorized Person Person Other____ □Other_____ □Other_____ □Other____ Name: □Manager Name: □Member Address: Address: ______ □Member ☐ Authorized ☐ Authorized Person Person □Other____ □Other_____ □Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PAM TOOLE

1283 ENCLAVE ROAD CHATTANOOGA, TN 37415 September 14, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0546990

Issuance Date: 09/14/2023

Copies Requested:

Document Receipt

Receipt #: 008361914

Payment-Credit Card - State Payment Center - CC #: 3858068928

Filing Fee:

\$20.00

\$20.00

Regarding:

Birdie & Co. 103 LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/29/2022

Status: **Duration Term:** Active Perpetual

Business County: HAMILTON COUNTY

Control #:

1346642

Date Formed:

08/30/2022

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

Birdie & Co. 103 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.

Secretary of State

Verification #: 062813726 Processed By: Cert Web User