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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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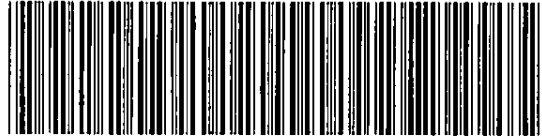
(Business Entity Name)

(Document Number)

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T. L. MEUX
OCT - 6 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TB's Spot, 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:

Bill Watkins
Name of Person
Watkins, Boyer, Gray & Curry, PLLC
Firm/Company
1106 W. Poplar Street
Address
Rogers, AR 72756
City/State and Zip Code
marc.bryant@piggypaint.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Watkins 479 636-2168

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. TB's Spot, 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. Arkansas 3. 88-3335468
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. N/A - None to Date
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 406 South Lincoln 6. _____
(Street Address of Principal Office) (Mailing Address)

Lowell, AR 72745

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

Name: John Campbell

Office Address: 4206 NW 34th Terrace

Cape Coral, Florida 33993
(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.

John Campbell
(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 checked="" type="checkbox"/> Manager	Name: Marc Bryant	<input checked="" type="checkbox"/> Manager	Name: Taylor Bryant
<input type="checkbox"/> Member	Address: 4205 Blossom Way Dr.	<input type="checkbox"/> Member	Address: 1405 S Lorenzo Ave. Apt. 11
<input type="checkbox"/> Authorized	Rogers, AR 72758	<input type="checkbox"/> Authorized	Tampa, FL 33629
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

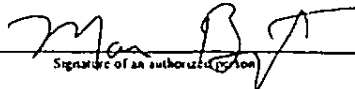
<input checked="" type="checkbox"/> Manager	Name: Jeff Soderquist	<input checked="" type="checkbox"/> Manager	Name: John Caubbe
<input type="checkbox"/> Member	Address: P.O. Box 189	<input type="checkbox"/> Member	Address: 4206 NW 34th St.
<input type="checkbox"/> Authorized	Siloam Springs, AR 72761	<input type="checkbox"/> Authorized	Cape Coral, FL 33993
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: Johnny Hughes	<input checked="" type="checkbox"/> Manager	Name: Melanie Hurley
<input type="checkbox"/> Member	Address: 1913 Stralsman Lane	<input type="checkbox"/> Member	Address: 6 Edgewater Lane
<input type="checkbox"/> Authorized	Cave Springs, AR 72718	<input type="checkbox"/> Authorized	Bentonville, AR 72712
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


Typed or printed name of signer



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


TB'S SPOT, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 14, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 22nd day of September 2023.


John Thurston
Online Certificate Authorization Code: 6f9e16ff5eb223f
Secretary of State
To verify the Authorization Code, visit sos.arkansas.gov