

M23000014795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

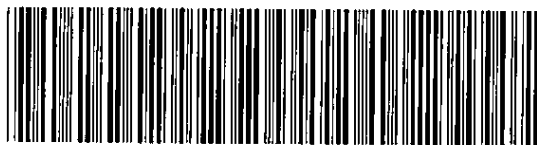
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 NOV 17 PM 4:42

2023 NOV 17 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/17/2023

Name: Juliana

Reference #: 2181507

Entity Name: TCIH-CLEARWATER 110TH AVE, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other [Please provide certificate of status and certified copy]

Authorized Amount: \$160.00

Signature: Juliana Prestia



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 11/17/2023

Name: Juliana

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- ☒ Other (Please provide certificate of status and certified copy)

Authorized Amount: \$160.00

Signature: Juliana Prestia

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TCIH-CLEARWATER 110TH AVE 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:

Summer Schrag

\_\_\_\_\_  
Name of Person

GableGotwals

\_\_\_\_\_  
Firm/Company

110 N. Elgin Ave., Ste. 200

\_\_\_\_\_  
Address

Tulsa, OK 74120-1495

\_\_\_\_\_  
City/State and Zip Code

sschrag@gablelaw.com

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

For further information concerning this matter, please call:

Summer Schrag

918

595-4982

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**

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. TCIH-CLEARWATER 110TH AVE, 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. Delaware

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

93-4238633

3.

(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)

6120 S. Yale Ave., Ste. 1200

5. (Street Address of Principal Office)

6120 S. Yale Ave., Ste. 1200

6.

(Mailing Address)

Tulsa, OK 74136

Tulsa, OK 74136

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

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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.

Lee Pagan

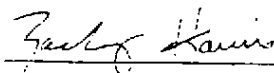
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Zachary Harris</u>                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member     | Address: <u>6120 S. Yale Ave., Ste. 1200</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Tulsa, OK 74136</u>                       | <input type="checkbox"/> Authorized  | _____                                |
| Person                                         | _____                                        | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                                  | <br><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 _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                                  | <br><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

Zachary Harris

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TCIH-CLEARWATER 110TH AVE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCIH-CLEARWATER 110TH AVE, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2576335 8300

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204559110