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| Special Instructions to | Filing Officer:          |
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### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr. Ste A. Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/27/2023

NAME: WINDOW CITY, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

attodge

#### COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT:                                | Window City, LLC   |  |
|---|--|--|
| 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | Name of Limited Liability Company  |
| The enclosed<br>Existence, ar           | f "Application by Foreign Limited Lia<br>ad check are submitted to register the          | ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida. |
| Please return                           | all correspondence concerning this r   | natter to the following:   |
|   | Emily Webster  |  |
|   |  | Name of Person   |
|   | Window City, LLC   |  |
|   |  | Firm/Company   |
|   | 813 Ridge Lake Blvd.   |  |
|   |  | Address  |
|   | Memphis, TN 38120  |  |
|   |  | City/State and Zip Code  |
|   | ewebster@centerlinebs.com  |  |
|   | E-mail address   | (to be used for future annual report notification)   |
| For further in                          | formation concerning this matter, ple  | ase call:  |
| Em                                      | ily Webster  | 901 259-8263<br>at ( )   |
|   | Name of Contact Persor   |  |
| Reg<br>Div<br>P.O                       | ling Address: gistration Section rision of Corporations below 6327 lahassee, FL 32314    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303                         |
| Plea                                    | osed is a check for the following amose make check payable to: FLORID, 125.00 Filing Fee | A 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: Window City, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,") Tennessee 85-2660592 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 11/17/2023 (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 2700 Bonnet Creek Road, Lot P 813 Ridge Lake Blvd. (Street Address of Principal Office) (Mailing Address) Lake Buena Vista, FL 32830 Memphis, TN 38120 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee . Florida \_\_32301 (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. See Attached (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: Title or Capacity: Name and Address: Name: \_\_\_ Name: Emily Webster □Manager □ Manager Address: \_\_\_\_\_ 813 Ridge Lake Blvd. 813 Ridge Lake Blvd. **■**Member Address: ☐ Member Memphis, TN 38120 Memphis, TN 38120 ☐ Authorized Authorized Person Person Other\_\_\_\_ Other □Other □Other\_\_\_\_\_ □ Manager Name: Name: □ Manager ☐Member Address: □Member Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person Other Other\_\_\_\_ □Other\_\_\_\_ □ Other\_\_\_\_ □Manager Name: □ Manager Name: \_\_\_\_\_ ☐ Member Address: ☐Member Address: □ 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. Emily Webster **Emily Cox Webster** 

Typed or printed name of signee

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 11/21/2023

ENTITY NAME: Window City, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



## **Division of Business Services** Department of State

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

**EMILY COX WEBSTER** 

**EMILY COX WEBSTER** 

813 RIDGE LAKE BLVD.

MEMPHIS, TN 38120

Request Type: Certificate of Existence/Authorization

Request #:

0557183

Document Receipt

Receipt #: 008469322

Payment-Credit Card - State Payment Center - CC #: 3862504925

Regarding:

Window City, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/20/2020

Active

**Duration Term:** 

Status:

Perpetual

Business County: SHELBY COUNTY

Issuance Date: 11/21/2023

Copies Requested:

November 21, 2023

Filing Fee:

\$20.00

\$20.00

Control # :

1122649

Date Formed:

08/20/2020 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

#### Window City, 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

Processed By: Cert Web User

Verification #: 064153424