

M24000000501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

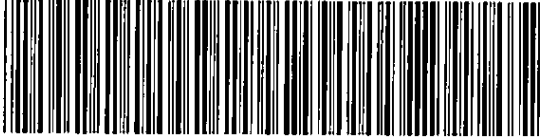
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200420010892

12/11/23--01040--014 **130.00

2023 DEC 11 AM 10:33
T. LEMIEUX

T. LEMIEUX
JAN 18 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALEM PARTNERS, 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:

John J. Shea, Esq.
Name of Person

Barnes Walker, Goethe, Perron, Shea & Robinson, PLLC
Firm/Company

1776 Ringling Blvd.
Address

Sarasota, FL 34236
City/State and Zip Code

robertturner@windhill.co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Ramirez at (941) 556-5999
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. SALEM PARTNERS, 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. Illinois

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

3. 36-4529232

(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. 1319 Eliot Road, Franklin, TN 37069

(Street Address of Principal Office)

6. same

(Mailing Address)

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

Name: John J. Shea, Esq.

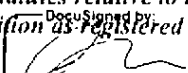
Office Address: 1776 Ringling Blvd.

Sarasota _____ Florida 34236
(City) (Zip code)

RECORDED
DEC 11 AM 10:33
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.

DocuSigned by:


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: Robert E. Turner
 Member Address: 1319 Eliot Road
 Authorized Frankin. TN 37069
 Person _____
 Other _____ Other _____

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

Manager Name: Mark D. Turner
 Member Address: 1054 South Leopard Road
 Authorized Berwyn, PA 19312
 Person _____
 Other _____ Other _____

Manager Name: David Turner
 Member Address: 1232 Dublin Drive
 Authorized Richmond Hill, GA 31324
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

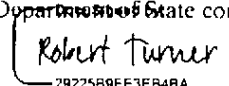
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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.

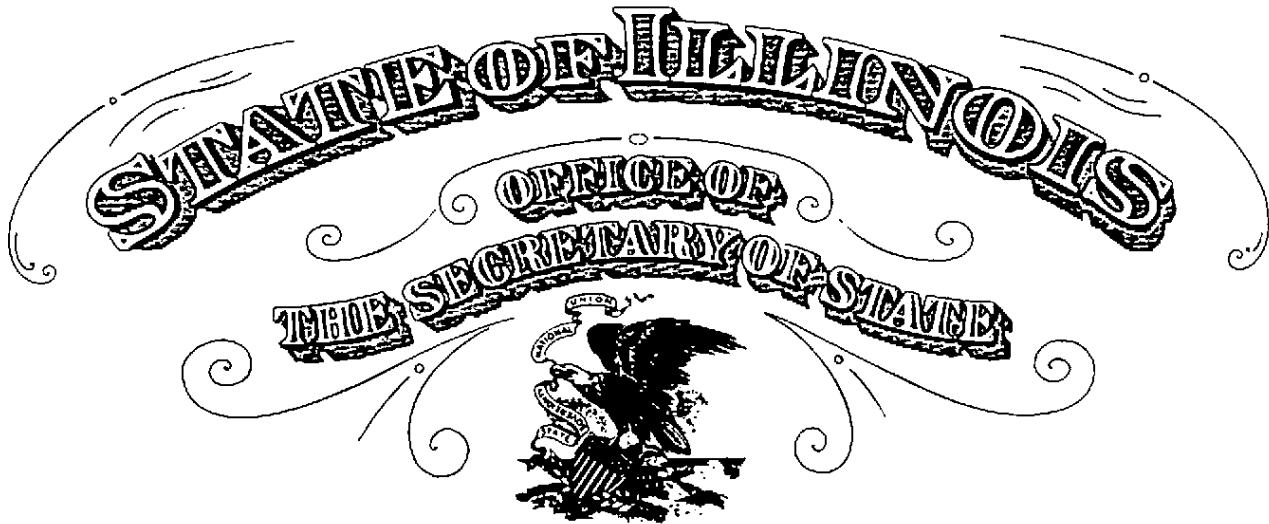

2922589EE3EB4BA

Signature of an authorized person

Robert E. Turner

File Number

0087797-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SALEM PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 12, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of DECEMBER A.D. 2023 .

Alexi Giannoulis