



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2024

STEVEN J. MEISNER
545 MAINSTREAM DR., SUITE 101
NASHVILLE, TN 37228 US

SUBJECT: QUADE INVESTMENTS LLC
Ref. Number: W24000020048

We have received your document for QUADE INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 324A00002583

*Rec'd
2/9/24*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quade Investments 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:

Steven J. Meisner
Name of Person
Brewer, Krause, Brooks, Chastain & Meisner, PLLC
Firm/Company
545 Mainstream Dr., Suite 101
Address
Nashville, TN 37228
City/State and Zip Code
smeisner@bkblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TJ Willis at (615) 485-0095
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. Quade Investments 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. Tennessee 3. 88-2706052
(Jurisdiction 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. 5484 Lickton Pike 6. 5484 Lickton Pike
(Street Address of Principal Office) (Mailing Address)
Goodletsville, TN 37072 Goodletsville, TN 37072

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

Name: Emerald Coast Permitting, Inc.
Office Address: 249 Mack Bayou Loop, Suite 102
Santa Rosa, Florida 32459
(City) (Zip code)

2024 FEB - 9 PM 4: 21

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.

(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:**

Manager Name: Timothy Steve Smith
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 Person _____
 Other _____ Other _____

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

Manager Name: Leah Layhew
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 Person _____
 Other _____ Other _____

Manager Name: Jon Stephen Smith
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 Person _____
 Other _____ Other _____

Manager Name: Brandon Taylor Smith
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 Person _____
 Other _____ Other _____

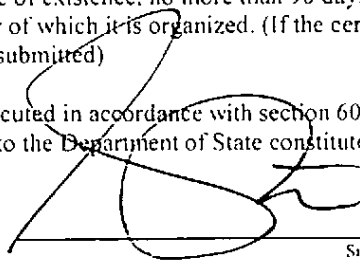
Manager Name: Tristan Newt Smith
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 Person _____
 Other _____ Other _____

Manager Name: Mathew Walker Smith
 Member Address: 5484 Lickton Pike
 Authorized Goodlettsville, TN 37072
 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.



 Signature of an authorized person



Tre Hargett
Secretary of State

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

STEVEN JOHN MEISNER
545 MAINSTREAM DRIVE
NASHVILLE, TN 37228

February 8, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0568100

Issuance Date: 02/08/2024
Copies Requested: 1

Document Receipt

Receipt #: 008655252 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3867348704 \$20.00

Regarding: Quade Investments LLC
Filing Type: Limited Liability Company - Domestic Control #: 1322155
Formation/Qualification Date: 06/08/2022 Date Formed: 06/08/2022
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: DAVIDSON COUNTY

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

Quade Investments 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.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 065593226