

M24000003610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

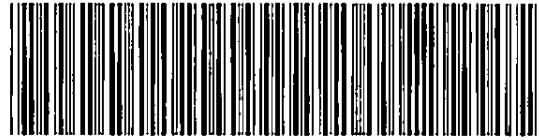
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900425588839

2024 MAR 20 PM 2:49

RECEIVED

2024 MAR 19 PM 2:49

RECEIVED

MAR 21 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/20/24
Order #: 1452412-1
Re: CRHC, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1600 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRHC, 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:

Joan E. Thurmond, Assistant Secretary

Name of Person

CRHC, LLC

Firm/Company

3570 Keith Street NW

Address

Cleveland, TN 37312

City/State and Zip Code

carrigan_mcclure@lcca.com

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

For further information concerning this matter, please call:

Joan E. Thurmond

423

473-5868

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**

☒ \$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. CRHC, 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. 81-4851974
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3570 Keith Street NW 6. 3570 Keith Street NW
(Street Address of Principal Office) (Mailing Address)
Cleveland, TN 37312

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 
(Registered agent's signature)

2024 MAR 20 PM 2:49

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: Forrest L. Preston

☒ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other Chief Manager ☐ Other _____

☐ Manager Name: J. Stephen Ziegler

☐ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Joan E. Thurmond

☐ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other Asst. Secretary ☐ Other _____

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

☐ Manager Name: Cindy S. Cross

☐ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other VP/Secretary ☐ Other _____

☐ Manager Name: Lisa M. Lay

☐ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Richard Swanker

☐ Member Address: 3570 Keith Street NW

☐ Authorized Cleveland, TN 37312

Person _____

☒ Other Chief Tax Office ☐ 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.

CRHC LLC
BY: Joan E. Thurmond
Signature of an authorized person

Joan E. Thurmond, Assistant Secretary



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

CRHC, LLC
JOAN E. THURMOND
3570 KEITH STREET NW
CLEVELAND, TN 37312

March 19, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0574018

Issuance Date: 03/19/2024
Copies Requested: 1

Document Receipt

Receipt #: 008792766 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3869925021 \$20.00

Regarding:	CRHC, LLC	
Filing Type:	Limited Liability Company - Domestic	Control # : 880148
Formation/Qualification Date:	12/22/2016	Date Formed: 12/22/2016
Status:	Active	Formation Locale: TENNESSEE
Duration Term:	Perpetual	Inactive Date:
Business County:	BRADLEY 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

CRHC, 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 #: 066364029