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| (Requestor's | Name) | |
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| (City/State/Z | p/Phone #) | |
| PICK-UP W | /AIT MAIL | |
| (Business Er | ntity Name) | |
| (Document Number) | | |
| Certified Copies Ce | rtificates of Status | |
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K. Brumbley

COVER LETTER

| | Timber Perry Properties, LLC | |
|-------------|---|--|
| UBJECT: | · · · · · · · · · · · · · · · · · · · | me of Limited Liability Company |
| ha analasa | | |
| ristence, a | and check are submitted to register the above | y Company for Authorization to Transact Business in Florida," Certificat e referenced foreign limited liability company to transact business in Floring 1. Transact business in Floring and 1. Transact business in Floring 1. Transact business in Floring and 1. Transact business in |
| case return | n all correspondence concerning this matter | to the following: |
| | Michael Timmons | · |
| | | Name of Person |
| | Timber Perry Properties, LLC | |
| | Firm/Company | |
| | 1060 W State Road 434, #156 Address | |
| | | |
| | Longwood, FL 32750 | |
| | City/State and Zip Code | |
| | accounting@timberdevelopment.net | |
| | E-mail address: (to be | e used for future annual report notification) |
| further in | formation concerning this matter, please ca | II: |
| Law | ra Hurtado | 407 830-8863 at () |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| | ling Address: istration Section | Street Address: Registration Section |
| | ision of Corporations | Division of Corporations |
| | . Box 6327 | The Centre of Tallahassee |
| Tall | ahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | | Tallahassee, FL 32303 |
| | osed is a check for the following amount: | |
| Pleas | e make check payable to: FLORIDA DEP. | ARTMENT OF STATE |
| | 25.00 Filing Fee \$130.00 Filing Fee | : & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate |

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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreig | Limited Liability Company; must include "Lim | nited Liability Company," "L.L.C.," or "LLC.") | |
|---------------------------------|---|---|---------------|
| une mavailable, enter afternate | name adopted for the purpose of transacting business it | in Florida. The alternate name must include "Limited Liability Company," "L.L.C | C, " or "1. |
| Georgia | | 99-1607263 3. | |
| (Jurisdiction under the law of | which foreign limited liability company is organized) | (FEI number, if applicable) | ,, |
| | Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete | r to registration.) Things penalty liability) | |
| 1060 W State Road 43 | 4 | Same as street address | |
| Address of Principal Office) | <u> </u> | 6. (Mailing Address) | |
| uite #156 | | | |
| ongwood, F1 32750 | | | |
| Name: | Macfarlane Ferguson and McMullen | Thomas C. Nush W | 7071 KFR 1 |
| Office Address: | 625 Court Street, Suite #200 | | ∩ ** |
| | Clearwater | 33757 | 55 71 |
| | (Chy) | , rionus | : 5 |
| | iance: | | d the p |

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 | <u>:</u> | Name and Address: |
|--------------------|--------------------------------|-------------------|-------------|-------------------|
| Manager | Name: | □Manager | Name: | |
| ■Member | Address: | □Member | Address: | |
| Authorized | Longwood, Fl 32750 | □Authorized | | |
| Person | | Person | | |
| Other | □ Other | □Other | | □Other |
| □Manager | Name: Douglas Bercu | □Manager | Name: | |
| ■Member | Address: 2954 Windstone Circle | □Member | | |
| □Authorized | Marietta, GA 30062 | □Authorized | | |
| Person | | Person | | |
| Other | Other | □ Other | | □Other |
| □Manager | Name: Tyler Timmons | □Manager | Name: | · |
| ■ Member | Address: | □Member | Address: | |
| ☐ Authorized | Longwood, FI 32750 | □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. 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.

| Milet | The | |
|-------|-----------------------------------|--|
| | Signature of an authorized person | |
| | Michael Timmons | |
| | Typed or printed name of signee | |

Control Number: 24038433

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Timber Perry Properties, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 27225191 Date Inc/Auth/Filed: 02/15/2024 Jurisdiction : Georgia : 04/10/2024 Print Date

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State