

M24000009365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

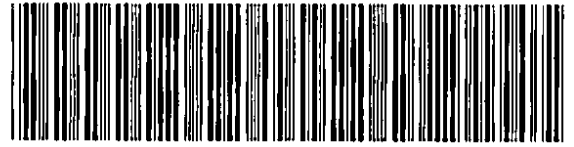
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000088076

Office Use Only



000430394030

05/24/04 6:02PM-02 110.00

2024 JUL 12 PM 4:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2024

DONALD W BISHOP JR
2573 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 US

SUBJECT: GAITHER WESTPARK OPERATIONS LLC
Ref. Number: W24000088076

We have received your document for GAITHER WESTPARK OPERATIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, we have to have a signature of David Roberts.,

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: 124A00012646

RECEIVED
JUL 12 2024

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gaither Westpark Operations 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:

Donald W Bishop Jr
Name of Person

SR Companies LLC
Firm/Company

2573 Barrington Circle
Address

Tallahassee, FL 32308
City/State and Zip Code

allison.bishop@thesrcompanies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Bishop at (850) 583-7990
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. Gaither Westpark Operations 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 99-1170348 (FEI number, if applicable)

4. 06/01/2024 (Date first transacted business in Florida, if prior to registration; (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2573 Barrington Circle (Street Address of Principal Office)

6. 2573 Barrington Circle (Mailing Address)

Tallahassee, FL 32308

Tallahassee, FL 32308

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St Petersburg, Florida 33702 (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.

David Roberts

(Registered agent's signature)

2024 JUL 12 PM 1:56


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>MSI Associates LLC</u>	<input type="checkbox"/> Manager	Name: <u>Eric P Sweeney</u>
<input checked="" type="checkbox"/> Member	Address: <u>2573 Barrington Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>9887 Murfreesboro Rd</u>
<input type="checkbox"/> Authorized Person	<u>Tallahassee, FL 32308</u>	<input type="checkbox"/> Authorized Person	<u>Lebanon, TN 37090</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Topgallant Holdings LLC</u>	<input type="checkbox"/> Manager	Name: <u>Mountaineer Investments LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>185 Old Magnolia Rd</u>	<input checked="" type="checkbox"/> Member	Address: <u>600 Grand Panama Blvd #304</u>
<input type="checkbox"/> Authorized Person	<u>Crawfordville, FL 32327</u>	<input type="checkbox"/> Authorized Person	<u>Panama City Beach, FL 32407</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Donald W Bishop Jr

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAITHER WESTPARK OPERATIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAITHER WESTPARK OPERATIONS, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2024.



2909014 8300

SR# 20242031448

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203452840

Date: 05-10-24