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COVER LETTER

	TGH Florida LLC	
UBJECT		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
ease retur	n all correspondence concerning this matter to	o the following:
	Daniel A Fisher	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	The Greeen House Corporation	
		Firm/Company
	51 Coffeen Avenue, Suite 101-283	
		Address
	Sheridan, WY 82801	
	C	ity/State and Zip Code
	accounts@thegreeenhouse.com	
	E-mail address: (to be	used for future annual report notification)
or further	information concerning this matter, please cal	II:
D	aniel A Fisher	980 348-8049 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ailing Address:	Street Address:
	egistration Section	Registration Section
	ivision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	nclosed is a check for the following amount:	IA DESTESTE OF STATE
	ease make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certifica

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida The alternate name must include "Limited Lia	bility Company," "L.L C," or "El
Wyoming		88-4011438 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number	r, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	egistration) e penalty liability)	
517 Main Street		51 Coffeen Avenue, Suite 10	
eet Address of Principal Office)	·	6. (Mailing Address)	<u> </u>
Dayton, WY 82836		Sheridan, WY 82801	
			2
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)	2024 AU
Name and street addres Name:	s of Florida registered agent: (P.O. Box Victoria Perniola	NOT acceptable)	2024 AUG 12
		NOT acceptable)	IZ AH
Name:	Victoria Perniola	NOT acceptable) 33050	~ ~

(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: Title or Capacity: Name and Address: Name and Address: John T Timura Name: __ Name: W. Thor Sheffield Manager Manager 10875 Overseas Highway Address: 1875 Overseas Highway □Member □Member Suite 110 Suite 110 □ Authorized □ Authorized Marathon., FL 33050 Marathon, FL 33050 Person Person □Other____ Other Other___ □Manager Name: □Manager Name: Address: Address: □ Member □Member □ Authorized □ Authorized Person Person Other_____ □Other Other Name: □Manager □Manager Address: ______ □ Member Address: □Member □ Authorized □ 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. Nonindexed 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. Walter Thor Sheffield Signature of an authorized person W. Thor Sheffield

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

TGH Florida LLC

is a

Limited Liability Company

did on **March 27, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001432435**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of June, 2024 at 1:56 AM. This certificate is assigned ID Number 073788836.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.