M240000 12818

(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:
W24-135110

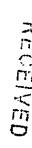
Office Use Only



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October 1, 2024

CSC

SUBJECT: SOUTHERN TURF CO., LLC

Ref. Number: W24000135110

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

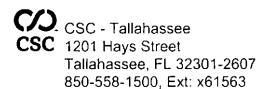
The document number of the name conflict is P13000046516.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 924A0002174



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/30/24 Order #: 1633225-1

Re: Southern Turf Co., LLC Processing Method: Routine



Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$160.0 - FL State Account Number: I20000000195

The state of the s

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 Corporat	ions	
SUBJI	Southern Turf Co	o.,LLC	
		Name of Limited Liability Company	
The en Exister	closed "Application by I ce, and check are submi	Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate tted to register the above referenced foreign limited liability company to transact business in Florida.	e of rida.
Please	eturn all correspondenc	e concerning this matter to the following:	
	Christine Lir	1 Weber	
		Name of Person	
	Southern Tu	f Co., LLC	
		Firm/Company	
	2965 Flower	s Rd S. #115	
		Address	
	Chamblee, G	A 30341	
		City/State and Zip Code	
	Christine@sou	thernturfco.com	
		E-mail address: (to be used for future annual report notification)	
For furt	ner information concern	ing this matter, please call:	
	Christine Lin Weber	404 388-8800 ————————————————————————————————	
	Name	of Contact Person Area Code Daytime Telephone Number	
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corpor		
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32.	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for Please make check pay ☐ \$125.00 Filing Fee	the following amount: able to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{l} \$130.00 \text{ Filing Fee & } & \Begin{array}{l} \$155.00 \text{ Filing Fee & } & \Begin{array}{l} \$\$160.00 \text{ Filing Fee, Certificate } & \text{Certificate d Copy} \end{array} 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:

xas	which foreign limited liability company is organized)	3. <u>84-3600377</u>	
	which totalin immed inspirity combined is definition)	(FEI aumber, if applicab	ic)
9/01/2024 	75		
	(Date first transacted business in Florida, if prior it (See sections 605,0904 & 605,0905, F.S. to deter-	o registration.) nine penalty liability)	
571 Far West Blvd 4		3571 Far West Blvd #152 6.	
Address of Principal Office)		(Mailing Address)	
ustin, TX 78731		Austin, TX 78731	
			
			1.2
			7.
ime and <u>street addre</u>	ess of Florida registered agent: (P.O. Bo	x NOT acceptable)	
me and <u>street addre</u>		x NOT acceptable)	(
ume and <u>street addre</u> Name:	Corporation Service Company	x NOT acceptable)	, (
Name:	Corporation Service Company	x NOT acceptable)	
		x NOT acceptable)	
Name:	Corporation Service Company	x NOT acceptable) 32301	

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: Name and Address: Name: ___Adam Grossman Name: Scott Miller ■ Manager □ Manager Address: ___ 3571 Far West Blvd #152 Address: 3571 Far West Blvd #152 ■ Member **■**Member Austin, TX 78731 ☐ Authorized Austin, TX 78731 ☐ Authorized Person Person □Other__ □Other____ □ Other_____ Other_ Name: Will Martin □ Manager □Manager Name: ____ Address: 3571 Far West Blvd #152 ■Member □Member Address: Austin, TX 78731 □ Authorized ☐ Authorized Person Person Other □Other____ Other____ Other___ □Manager Name: _____ □ Manager Name: ____ ☐ Member Address: ☐Member Address: _____ □ Authorized ☐ Authorized Person Person □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. Signature of an authorized person

Christine Ueler

Signature of an authorized person

Christine Ueler

Typed or printed name of signee OUAL-4678

Corporations, Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Southern Turf Co. LLC (file number 803462250), a Domestic Limited Liability Company (LLC), was filed in this office on November 05, 2019.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate SCOTT MILLER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3415 GREYSTONE DRIVE #201

AUSTIN, TX - 78731 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 26, 2024.



Jave-Melson

Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: TID: 10268 Do

Dial: 7-1-1 for Relay Services Document: 1407231950003