

M24000012907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

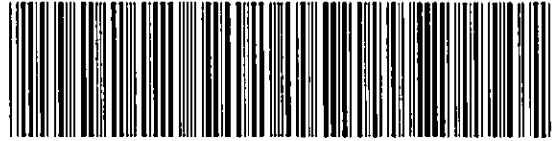
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800437639058

2024 OCT -9 PM 6:23

RECEIVED
2024 OCT -9 PM 3:52
FALLS CHURCH, VIRGINIA

OCT 09 2024

Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/09/24
Order #: 1641743-1
Re: Turvi, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the routing slip.

TO WHOM IT MAY CONCERN:

Enclosed please find:

- Application for Certificate of Authority
- Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I20000000195
- Certificate of Good Standing from State of Incorporation

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.

• • • • •

**TO: Registration Section
Division of Corporations**

SUBJECT: Turvi, 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:

Lynn Lane

Name of Person

Crawford & Company

Firm/Company

5335 Triangle Parkway

Address

Peachtree Corners, GA 30092

City/State and Zip Code

lynn_lane@us.crawco.com

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

For further information concerning this matter, please call:

Lynn Lane

404

905-5539

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. Turvi, 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. 87-1032634

(FEI number, if applicable)

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

5. 5335 Triangle Parkway

(Street Address of Principal Office)

6. 5335 Triangle Parkway

(Mailing Address)

Peachtree Corners, GA 30092

Peachtree Corners, GA 30092

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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 Oct -9 PM 6:23

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: Tami E. Stevenson

☐ Member Address: 5335 Triangle Parkway

☒ Authorized Peachtree Corners, GA 30092

Person _____

☒ Other Secretary ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Kenneth Tolson

☐ Member Address: 5335 Triangle Parkway

☐ Authorized Peachtree Corners, GA 30092

Person _____

☒ Other VP ☐ Other _____

☒ Manager Name: W. Bruce Swain

☐ Member Address: 5335 Triangle Parkway

☐ Authorized Peachtree Corners, GA 30092

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Larry C. Thomas

☐ Member Address: 5335 Triangle Parkway

☐ Authorized Peachtree Corners, GA 30092

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Matthew Taylor

☐ Member Address: 5335 Triangle Parkway

☒ Authorized Peachtree Corners, GA 30092

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: Thomas Welch

☐ Member Address: 5335 Triangle Parkway

☒ Authorized Peachtree Corners, GA 30092

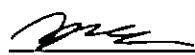
Person _____

☒ Other Treasurer ☐ 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.


Tami Stevenson (Oct 9, 2024 08:30 EDT)

Signature of an authorized person

Tami E. Stevenson

Typed or printed name of signee

Delaware

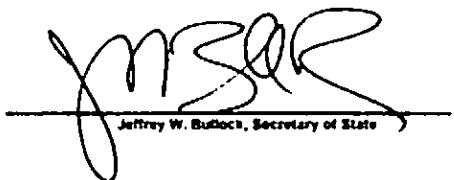
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TURVI, 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 NINTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURVI, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

5944189 8300

SR# 20243899968

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

Authentication: 204587291

Date: 10-09-24