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(City/State/Zip/Phone #)

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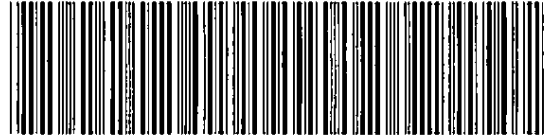
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TALLAHASSEE, FLORIDA

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**MITCHELL
ROSS
ROCCONI** PLLC

JOHN L. MITCHELL
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LARRY A. ROCCONI, JR.
STANLEY M. ROSS
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ALURA D. ENDRES

ROSS H. HICKS, OF COUNSEL

November 6, 2024

Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Application by Foreign Limited Liability Company

Dear Sir or Madam:

Please find enclosed the Application by Registration Foreign Limited Liability Company, the Certificate of Good Standing from the State of Tennessee and a check for filing fees.

After registering the same please return copies in the enclosed self addressed stamped envelope. If you have any questions please do not hesitate to contact me.

Sincerely yours,

MITCHELL-ROSS-ROCCONI, PLLC

By:

Larry A. Rocconi, Jr.

LAR/ras

Enclosures: as stated above

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N & A, 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:

Larry A. Rocconi, Jr.

Name of Person

Mitchell Ross Rocconi, PLLC

Firm/Company

308 S. 2nd St

Address

Clarksville TN 37040

City/State and Zip Code

larry.rocconi@gmail.com

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

For further information concerning this matter, please call:

Larry Rocconi

931

552-1480

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. N & A, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N & A LARGO, 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. Tennessee 3. 45-3169901
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 15, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1569 S Missouri Ave 6. 625 N Riverside Dr.
(Street Address of Principal Office) (Mailing Address)
Clearwater FL 33756 Clarksville TN 37040

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

Name: Thomas Brent Nicholson
Office Address: 1569 S Missouri Ave
Clearwater 33756
(City) Florida (Zip code)

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TALLAHASSEE, FLORIDA

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.

Thomas Brent Nicholson
(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]:

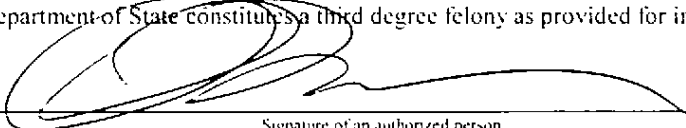
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Thomas Brent Nicholson	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1569 S Missouri Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Clearwater, FL 33756	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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HALLAMASSEL, FLORIDA

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

Larry A. Rolcon, Jr.

Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102

LARRY A ROCCONI, JR
308 S 2ND ST
CLARKSVILLE, TN 37040

November 6, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0610212

Issuance Date: 11/06/2024
Copies Requested: 1

Document Receipt

Receipt #: 009324921 Filing Fee: \$20.00
Payment-Check/MO - SPENCER FANE LLP, KANSAS CITY, MO \$20.00

Regarding: N & A, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/08/2011
Status: Active
Duration Term: Perpetual
Business County: MONTGOMERY COUNTY

Control #: 667152
Date Formed: 09/08/2011
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

N & A, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cassandra Bowman

Verification #: 070917222