

M25000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

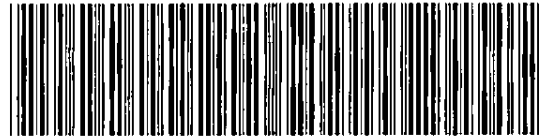
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION 1501.04 STATE
TALLAHASSEE, FLORIDA

SECTION 1501.04 STATE
TALLAHASSEE, FLORIDA
2024 JAN -6 PM 12:46

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TSF Development 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:

Adon J Syron
Name of Person
TSF Development LLC
Firm/Company
3181 O'Neal Ct.
Address
Mobile, Alabama 36695
City/State and Zip Code
joey@tsfdev.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adon J Syron at (251) 422-2686
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. TSF Development LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

TSF Development, 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. Alabama 3. 93-2073438
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3181 O'Neal Ct. 6. 3181 O'Neal Ct.
(Street Address of Principal Office) (Mailing Address)

Mobile, Alabama 36695

Mobile, Alabama 36695

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 181 W Valley Ave, Ste 245

Mobile, Florida 33126
(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.

REPUBLIC REGISTERED AGENT LLC

(Registered agent's signature)

FILED
2024 JAN - 6 PM 12:46
CLERK OF STATE
TALLAHASSEE, FL

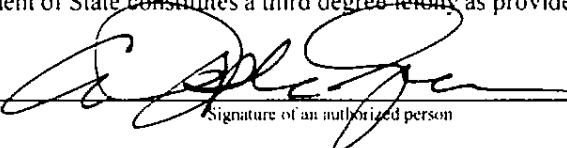
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Adon J Syron		<input type="checkbox"/> Manager	Name:	Darrell L Farish	
<input type="checkbox"/> Member	Address:	3181 O'Neal Ct.		<input type="checkbox"/> Member	Address:	10875 Pelican Bay Dr.	
<input type="checkbox"/> Authorized		Mobile, Alabama 36695		<input type="checkbox"/> Authorized		Theodore, Alabama 36592	
Person		President		Person		Vice President	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Richard Wesley Turner		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	128 Carolyn's Way		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Lucedale, Mississippi 39452		<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	

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
Adon J Syron

Typed or printed name of signee

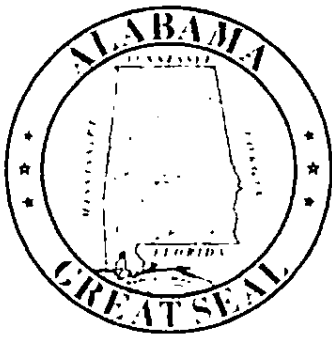
Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that TSF Development LLC was
formed in Alabama on June 26, 2023. The Alabama Entity Identification number
for this entity is 001-086-392. I further certify that the records do not disclose that
said entity has been dissolved, cancelled or terminated.



20250103000019564

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

01/03/2025

Date

A handwritten signature in black ink, appearing to read "Wes Allen", written over a horizontal line.

Wes Allen

Secretary of State

Receipt



17350 State Highway 249,
Suite 220, Houston TX, 77064 US

TSF DEVELOPMENT LLC

3181 O'neal Ct.
Mobile AL 36695 US

Invoice Date: 01/03/2025

Order Number: 225010321871

PACKAGE ITEMS

Alabama State Fee
Registered Agent Fee
Service Fee

TOTAL PRICE

\$0
\$119
\$0

Total: \$119

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