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| (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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| | | CERTIFIED COPY | |
| | XX | РНОТОСОРУ | |
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| | XX | FILING | LLC |
| 1. | | TBE Homes, LLC (CORPORATE NAME AND DOCUMEN | 1'#) |
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COVER LETTER

| TO: | Registration Section of Corp. | | | | | |
|-----------|--|---|--|--|--|--|
| SUBJE | TBE Homes, | LLC | | | | |
| 00000 | | Name | of Limited Liability Compa | ny | | |
| | | | | Transact Business in Florida," Certificate of bility company to transact business in Florida | | |
| Please n | eturn ail correspon | dence concerning this matter to | the following: | | | |
| | Melinda | Pierce | | | | |
| | | | Name of Person | | | |
| | Nationa | Document, LLC | | | | |
| | | | Firm/Company | | | |
| | 300 W (| Clarendon Ave. #240 | | | | |
| | | Address | | | | |
| | Phoenix | , AZ 85013 | | | | |
| | | City/State and Zip Code | | | | |
| | melinda@ | nationaldoc.com | | | | |
| | | E-mail address: (to be | used for future annual report | notification) | | |
| For furti | her information co | ncerning this matter, please call: | : | | | |
| | Melinda Pierce | | 602 274 | -5578 | | |
| | 1 | Name of Contact Person | | Daytime Telephone Number | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | | Street Address: Registration Section | l . | | |
| | | | Division of Corpora | | | |
| | | | The Centre of Talla | | | |
| | Tallahassee, F | L 32314 | 2415 N. Monroe St Tallahassee, FL 323 | · · · · · · · · · · · · · · · · · · · | | |
| | | ck for the following amount: k payable to: FLORIDA DEPA ; Fee | ARTMENT OF STATE & \$155.00 Filing Fe | e & 🛘 \$160.00 Filing Fee, Certificate | | |

2

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

IN COMPILANCE WITH SECTION 6/5,0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREGOVELIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name univailable, enter alternate r | name adopted for the purpose of transacting business in FI | lorida. The al | ternate name must include "Limited Liab | oility Company," "L.L.C," or | -1.1 C : |
|-------------------------------------|--|----------------------------|---|------------------------------|----------|
| Arizona | | | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3 | (FI:I number | , if applicable) | _ |
| | | | | | |
| | | | | | |
| | (Date first transacted business in Horida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registration ine penalty h | abdity) | - | |
| 6501 E Greenway PKV | | , | S01 F Groonway PKWY #1 | 03-402 | |
| reet Address of Principal Office) | | 6 | (Mailing Address) | | |
| ices whaters of trincipal collect | | | | | |
| Scottsdale, AZ 85254 | | S | Scottsdale, AZ 85254 | | |
| | | _ | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | _ |
| | | | | | |
| | | | | | _ |
| | | _ | | | |
| Name and street addres | ss of Florida registered agent: (P.O. Box | : <u>NOT</u> ac | rceptable) | | |
| Name and street address | ss of Florida registered agent: (P.O. Box | NOT ac | cceptable) | ?; 2 (| |
| | is of Florida registered agent: (P.O. Box NRAI Services, Inc. | NOT ac | rceptable) | 2025 | |
| Name and street address Name: | | NOT ac | cceptable) | 2025 JAN | |
| Name: | | NOT ac | rceptable) | 2025 JAN 2 | |
| | NRAI Services, Inc. | NOT ac | cceptable) | 27 | |
| Name: | NRAI Services, Inc. | NOT ac | cceptable) 33324 | 2025 JAN 27 PM | FILED |

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.

By: Melindel (Tura assistant Sec.

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: Nathan Pattee Name: ___ Manager Manager 🀱 6501 E Greenway PKWY Address: 6501 E Greenway PKWY Member **⊠**Member #103-402 #103-402 ☐ Authorized □ Authorized Scottsdale, AZ 85254 Scottsdale, AZ 85254 Person Person □Other____ Other _____ Other_ □Other □Manager □ Manager Name: Name: Address: □Member □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other _____ Other____ □Other____ Name: Name: □Manager □ Manager □Member Address: _____ ☐ Member Address: □ 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. Nathan Patter (Jan 24, 2025 15 G4 MST) Signature of an authorized person Nathan Pattee

Typed or printed name of signee





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

TBE HOMES, LLC

ACC file number: 23421402

was incorporated under the laws of the State of Arizona on 09/09/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 01/27/2025

Douglas R. Clark, Executive Director

Righ K.Clark



