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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

7

Office Use Only

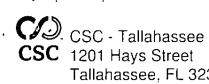


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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 01/28/25 Order #: 1783916-1 Re: Tulip Riches LLC

Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.0 - FL State Account Number: I2000000195
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.

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Tulip Riches LLC	
		ne of Limited Liability Company
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please ret	turn all correspondence concerning this matter t	to the following:
	Valerie Williams	
		Name of Person
		N. (6)
		Firm/Company
	6205-A Peachtree Dunwoody Roa	d
		Address
	Atlanta, GA 30328	
	-	City/State and Zip Code
	valerie.williams@coxinc.com	
	E-mail address: (to be	e used for future annual report notification)
For furthe	er information concerning this matter, please ca	dl:
	Valerie Williams	404 216-7937 at ()
•	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
•	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF S125.00 Filing Fee S130.00 Filing Fe Certificate	re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA SEATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in F	torica incate	There thing must mender transfer transfer	Company," "L. L. C," or "	TLC
Delaware			·		
		3	(FEI number, if		_
(Jurisdiction under the law of w	thich foreign limited liability company is organized)		(FEI number, if a	npplicable}	
February 1, 2025					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration) ine penalty lia	bility)	-	
6205-A Peachtree D	Junwoody Rd	P	O Box 530255		
eet Address of Principal Office)	<u>, </u>	6	(Mailing Address)		-
Atlanta GA 30328		А	tlanta, GA 30353		
Atlanta, GA 30328		A —	tlanta, GA 30353	_	_
Atlanta, GA 30328	· · · · · · · · · · · · · · · · · · ·	_ _	tlanta, GA 30353		-
Atlanta, GA 30328		_A 	tlanta, GA 30353		-
	or of Clarida registered agents (D.C.) Reg	_			-
	ss of Florida registered agent: (P.O. Box	_			-
	ss of Florida registered agent: (P.O. Box Corporation Service Company	_		-	
	_ ,	_		25 J	- ide
Name and <u>street addres</u> Name:	_ ,	_		25 JAH :	- nalegon
Name and street addres	Corporation Service Company	_		25 JAH 28	- I was a first
Name and <u>street addres</u> Name:	Corporation Service Company	_		25 JAH 28 PK 12: 45	alita as militalia

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: Shauna Godbolt----

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:	<u>N</u>	ame and Address:
■Manager	Name: John R. Mendicino	□Manager	Name:	
□Member	Address: 6205-A Peachtree Dunwoody Road	□Member	Address:	
□Authorized	Atlanta, GA 30328	□Authorized		
Person		Person		
□Other	Other	□Other]Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other]Other
□Manager	Name.	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□()ther	□Other	□Other		Other

<u>Important Notice:</u> 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 1 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.

rized person

Page 1

Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "TULIP RICHES 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TULIP RICHES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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

A CONTRACTOR OF THE PROPERTY O

Kristopher E. Knight, Acting Secretary of State
Authentication: 202788301

Date: 01-27-25

6117764 8300 SR# 20250269307