

Requestor Name: **M 78000000219**  
 Address: **877-8237**  
 City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

200002452652-5  
 -03/10/98-01008-013  
 \*\*\*\*145.00 \*\*\*\*145.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 MAR -5 PM 3:05

200002452652-5  
 -03/10/98-01008-014  
 \*\*\*\*201.25 \*\*\*\*201.25

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☒ Certificate of Status

6

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

CF 145.  
 CF 140.  
 CERT 61.25

DEPT. OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32304

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**CORPFORE**  
 CF 285.00  
 CERT 61.25

3/5/98

Examiner's Initials: **BK**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 5, 1998

FOLEY & LARDNER

TALLAHASSEE, FL

SUBJECT: TPB, L.L.C.  
Ref. Number: W98000004960

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DIVISION OF CORPORATIONS  
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We have received your document for TPB, L.L.C. and check(s) totaling \$201.25. However, your check(s) and document are being returned for the following:

The amount required to file a foreign limited liability company is \$285.00. If you also need a CERTIFIED COPY and a CUS, the TOTAL REQUIRED would be \$346.25.

ALSO, in addition to the APPLICATION, AFFIDAVIT, and CERTIFICATE, we must have a REGISTERED AGENT DESIGNATION page completed and signed.

PLEASE NOTE that we are RETURNING your \$201.25 check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 398A00012253

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98 MAR -6 PM 1:22

*Please issue original file  
date Thank You*

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF  
FLORIDA:

1. TEB, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation  
"L.C." if not so contained in the name at present.)
2. Louisiana 3. 72-1304755  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 18, 1995 5. \_\_\_\_\_  
(Date of Organization) (Duration: Year limited liability company will  
cease to exist or "perpetual")
6. March, 1998  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.153, F.S.))
7. 1355 Peachtree Street, Suite 610  
Atlanta, Georgia 30309  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who  
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Timothy P. Bright</u>	<u>MGRM</u>	_____	_____
<u>1355 Peachtree Street</u>	_____	_____	_____
<u>Suite 610</u>	_____	_____	_____
<u>Atlanta, Georgia 30309</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
TEB, LLC deposits and says:

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- 1) the above named limited liability company has at least <sup>ONE</sup> ~~two~~ member(s)
- 2) the total amount of cash contributed by the member(s) is \$ 10.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 10.00.  
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 10.00.

Tina P. Beight

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

TPB, LLC

2. The name and address of the registered agent and office is:

Frank Silcox

(Name)

100 S. Ashley Drive, Suite 1270

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida

33602 33602

(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Frank Silcox

(Signature)

3-5-98

(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

UNITED STATES OF AMERICA  
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

the Articles of Organization of

TPB, L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization  
was issued on August 18, 1995,

I further certify that no Certificate of Dissolution has  
been issued.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*In testimony whereof, I have hereunto set  
my hand and caused the Seal of my Office  
to be affixed at the City of Baton Rouge on,*

March 3, 1998

*Jox McKeithen*

BBE 34503906K

*Secretary of State*

