

Apr 20, 2023 1:23 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PAVESE LAW FIRM  
Account Number : I20130000057  
Phone : (239)334-2195  
Fax Number : (239)332-2243

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MichaelChenert@pavese-law.com

Foreign Limited Liability Company  
TDCO CONWAY RD STORAGE,LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

A.Jones

Apr. 20, 2023 1:23PM  
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No. 1312 P. 2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TDCO CONWAY RD STORAGE, 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:

Michael P. Lehnert, Esq.  
Name of Person

Pavese Law Firm  
Firm/Company

1833 Hendry Street  
Address

Fort Myers, Florida 33901  
City/State and Zip Code

michaellehnert@paveselaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Lehnert, Esq. at ( 239 ) 336-6281  
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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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Apr. 20, 2023 1:23PM

No. 1312 P. 3

**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. TDCO CONWAY RD STORAGE, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 633 9th Street N  
(Street Address of Principal Office)

6. 5150 Tamiami Trail N  
(Mailing Address)

Naples, FL 34102

Suite 204

\_\_\_\_\_

Naples, FL 34103

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

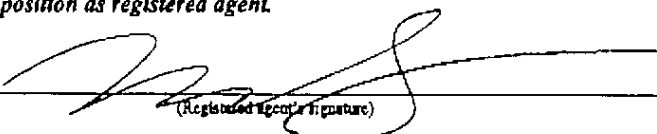
Name: PLF Registered Agent, LLC

Office Address: 1833 Hendry Street

Fort Myers, Florida 33901  
(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.*

  
(Registered agent's signature)

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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: <u>Eugene T. Minvielle IV</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael B. White</u>
<input type="checkbox"/> Member	Address: <u>5150 Tamiami Trail N</u>	<input type="checkbox"/> Member	Address: <u>5150 Tamiami Trail N</u>
<input type="checkbox"/> Authorized	<u>Suite 204</u>	<input type="checkbox"/> Authorized	<u>Suite 204</u>
Person	<u>Naples, FL 34103</u>	Person	<u>Naples, FL 34103</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: <u>Justin Emens</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jason Gauder</u>
<input type="checkbox"/> Member	Address: <u>633 9th Street N</u>	<input type="checkbox"/> Member	Address: <u>633 9th Street N</u>
<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>	<input type="checkbox"/> Authorized	<u>Naples, FL 34102</u>
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) individuals. This attachment will be filed with the Department of State. Additional indexed individuals may be added to the index when filing your Florida Department of State Annual Report.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having authority and capacity to do so under the jurisdiction under the law of which it is organized. (If the certificate is not a foreign official, the signature and title of the translator must be submitted.)

10. This document is executed in accordance with section 605.0202 (3)(b), Florida Statutes, and the information submitted in a document to the Department of State constitutes a true and correct copy of the original document.

4/23/2023 1:26PM

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# Delaware

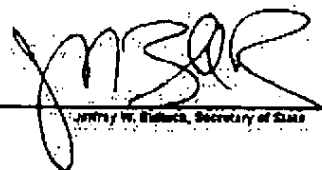
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TDCO CONWAY RD STORAGE, LLC" IS DULY  
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State