Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000301609 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

2022 SEF -- | FM 4: 06

Account Name : BARRON & REDDING, P.A.

Account Number : 073617000710 Phone : (850)785-7454 : (850)785-2999 Fax Number

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

. Email Address:

## Foreign Limited Liability Company PEPPER BRANCH PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$763.75

SEP - 2 2022

Fax Audit No. H22000301609 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:

		<del></del>		75- 5	
	arms adopted for the purpose of transacting business in F			lity Company, "LLC; or "E	ш.,
TENNESSEE  Ourlidiction under the law of which foreign limited liability company is organized)		3.	85-1837738 3. (PEI mumber, if applicable)		
43/mindiction upder the tea or wi	men totering trained institutely company as of principally		Ç <b>2</b> (1)		
ЛЛ <b>LY 202</b> 1					
	(Date flut transacted business in Florida, if prior in (See sections 605.0904 & 605.0905, F.S. to describ	registration.) une penalty la	ebility)	_	
817 S. CHANCERY STREET		6.	817 S. CHANCERY STREET		
5. (Street Address of Principal Office)		0	(Mailing Address)		•
McMINNVILLE, TN 37110		ו	McMINNVILLE, TN 37110		
		-			-
		-		·····	•
7 Name and street address	ss of Florida registered agent: (P.O. Bo	v NOT a	ccentable)	202	
7. Name and <u>successions</u>	ag of Profiles registered agent. (1.0. 50.	, <u>1901</u> a.	scop money	2022 SEP	
	BARRON & REDDING, P.A.			-0	F :-
Name:					037
Office Address:	220 McKENZIE AVE			MIT: 45	_
			<del></del>		

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]:

Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
□Manager	Name: MICHAEL T. TRIVETT	□Manager	Name: LINDA TRIVETT
<b>■</b> Member	Address: 817 S. CHANCERY ST	<b>≅</b> Member	Address: 817 S. CHANCERY ST
□Authorized	McMINNVILLE, TN 37110	□ Authorized	McMINNVILLE, TN 37110
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	
□Other	Other	□Other	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

LINDA TRIVETT, AUTHORIZED MEMBER

Typed or printed name of signer

September 1, 2022

1109821



## Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

### Tre Hargett Secretary of State

**DOLORES DONOPRIA** 

PO BOX 2467

PANAMA CITY, FL 32402

Issuance Date: 09/01/2022

Request Type: Certificate of Existence/Authorization Copies Requested: Request #: 0492943

**Document Receipt** 

\$20.00 Filing Fee: Receipt #: 007480074

\$20.00 Payment-Credit Card - State Payment Center - CC #: 3835431660

PEPPER BRANCH PROPERTIES LLC Regarding:

Limited Liability Company - Domestic Filing Type:

Control #: Date Formed: 07/08/2020 Formation/Qualification Date: 07/08/2020

Formation Locale: TENNESSEE Active Status:

Inactive Date: Percetual Duration Term:

Business County: WARREN COUNTY

#### CERTIFICATE OF EXISTENCE

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### PEPPER BRANCH PROPERTIES LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 055837425