



**Secretary of State**  
**Application to Register a Foreign Limited Liability Company (LLC)**

**LLC-5**

For Office Use Only

**-FILED-**

File No.: 202464014129

Date Filed: 9/24/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

**Filing Fee - \$70.00**

**Certified Copy Fee (Optional) - \$5.00**

**Note:** Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.



**This Space For Office Use Only**

**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

TCMC I, LLC

**1b. California Alternate Name, If Required** (Only enter an alternate name if the LLC name in 1a not available in California.)

**2. LLC Jurisdiction** (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)

**a. Jurisdiction** (State, foreign country or place where this LLC is formed.)

Florida

**b. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.

**3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "In care of" an individual or entity.)

<b>a. Street Address of Principal Office - Do not enter a P.O. Box</b> 241 Atlantic Blvd, Suite 201	<b>City (no abbreviations)</b> Neptune Beach	<b>State</b> FL	<b>Zip Code</b> 32266
<b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b>	<b>City (no abbreviations)</b>	<b>State</b> CA	<b>Zip Code</b>
<b>c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:</b> <input checked="" type="checkbox"/> 3a <input type="checkbox"/> 3b			
<b>d. Mailing Address - if different than item 3a or 3b</b>	<b>City (no abbreviations)</b>	<b>State</b>	<b>Zip Code</b>

**4. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** - Complete Items 4a and 4b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name (if agent is not a corporation)</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box</b>	<b>City (no abbreviations)</b>	<b>State</b> CA	<b>Zip Code</b>

**CORPORATION** - Complete Item 4c only. Only include the name of the registered agent Corporation.

**c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b**

Cogency Global Inc.

**5. Read and Sign Below** (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

W. Radford Lovett, II

Type and Print Name

# *State of Florida*

## *Department of State*

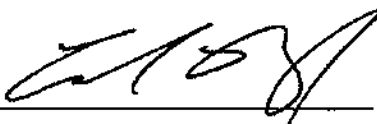
I certify from the records of this office that TCMC I, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 16, 2023.

The document number of this limited liability company is L23000292066.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on April 18, 2024, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-fourth day of  
September, 2024*



  
*Secretary of State*

Tracking Number: 3210062669CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>