

## **Division of Business and Charitable Organizations**

Department of State State of Tennessee 312 Rosa L. Parks Avenue, 6th Floor Nashville, Tennessee 37243 Phone: 615-741-2286 sos.tn.gov/

		02/18/2025		
Request Type: Certificate of Existence/Authorization		Issuance Date: 02/18/20	Issuance Date: 02/18/2025	
Request #:	Document Re	ceipt		
Order Number:		Verification #:	Verification #:	
Receipt #:		Filing Fee:	\$20.00	
Payment: Credit Card -			\$20.00	
Entity Name:				
SOS Control #:		Initial Filing Date:	01/31/2023	
Entity Type:	Limited Liability Company (LLC)	Formation Locale:	TENNESSEE	
Status:	Active	Duration Term:	Perpetual	
Fiscal Year Close:	December	Annual Report Due:	04/01/2025	
Business County:	DAVIDSON			
Managed By:	Member Managed			
Obligated Member Entity:	No			

## **CERTIFICATE OF EXISTENCE**

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

\* 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.

Tre Hargett Secretary of State