

F18000003/26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

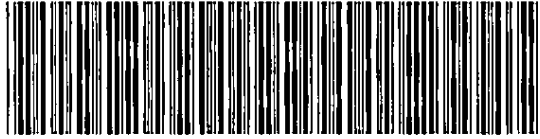
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/9/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: de maximis Data Management Solutions, Inc.
_____ Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Major Sharpe

Name of Person

de maximis Data Management Solutions, Inc.

Firm/Company

450 Montbrook Lane

Address

Knoxville, TN 37919

City/State and Zip code

major@demaximis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Major Sharpe _____ at (_____) _____ 865 691-5052
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

de maximis Data Management Solutions, Inc.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TN 3. 20-3803802 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/13/2006 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. 6/25/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 450 Montbrook Lane, Knoxville, TN 37919 (Principal office address)

(Current mailing address, if different)

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

Name: Bethanie Roberts

Office Address: 600 55th Ave. NE

St. Petersburg, Florida 33703 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

[Handwritten Signature] (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Dustman
1210 E. 115th Street
Address: Burnsville, MN 55337

Vice Chairman: _____
Address: _____

Director: Mark Packard
60 Plato Blvd, Suite 150
Address: St. Paul, MN 55107

Director: Major Sharpe
450 Montbrook Lane
Address: Knoxville, TN

B. OFFICERS

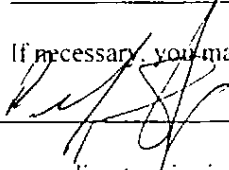
President: Mark Packard
60 Plato Blvd, Suite 150
Address: St. Paul, MN 55107

Vice President: _____
Address: _____

Secretary: Major Sharpe
450 Montbrook Lane, Knoxville, TN
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. R. Major Sharpe

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State

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

R. MAJOR SHARPE
450 MONTBROOK LANE
KNOXVILLE, TN 37919

June 20, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0280439

Issuance Date: 06/20/2018
Copies Requested: 1

Document Receipt

Receipt #: 004143387 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3733323243 \$20.00

Regarding: DE MAXIMIS DATA MANAGEMENT SOLUTIONS, INC.
Filing Type: For-profit Corporation - Domestic Control #: 510910
Formation/Qualification Date: 01/13/2006 Date Formed: 01/13/2006
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: KNOX COUNTY

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

DE MAXIMIS DATA MANAGEMENT SOLUTIONS, INC.

- * is a Corporation duly incorporated 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

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