MIL 000009079

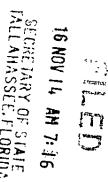
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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10/27/16--01014--004 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2016

PAMELA HINTZ 14488 OLD STAGE RD LENOIR CITY, TN 37772

SUBJECT: SCREENING SERVICES LLC

Ref. Number: W16000073587



We have received your document for SCREENING SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 916A00023300

COVER LETTER

UBJECT:	Screening Services	LLC		
obsect.	.	Name of	Limited Liability Company	
				insact Business in Florida," Certific y company to transact business in Fl
ease return	all correspondence	concerning this matter to the	following:	
	_Pami	la J. Hint	Zame of Person	
	Screening Serv			
		Fi	rm/Company	
	14488 OLD \$7	AGE RD		
			Address	
	LENOIR CITY	, TN 37772		
		City/S	tate and Zip Code	
	Fam.	E-mail address: (to be used	Osity net	ification)
or further in	iformation concernir	g this matter, please call:	·	
	Pamela	Hintz	_at (865) 4	83-2383
	Name o	of Contact Person	Area Code Day	rtime Telephone Number
Div Reg P.O	ision of Corporation istration Section . Box 6327 ahassee, FL 32314		Division Registrat Clifton B 2661 Exe	C ADDRESS: of Corporations ion Section cuilding cutive Center Circle see, FL 32301
nclosed_is a	check for the follow	ring amount:	-	,
	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

name unavailable, enter al	Iternate name adopted for th	e purpose of transa	cting business in Florida. The alte	ernate nam	ne must inc	lude "I	 imited
bility Company," "L.L.C."	" or "LLC.")	o	072000				
	of which foreign limited lia	.1.	-0728090 (FEI number, if a	pplicable)			_
company is organized)							
	(Date first transact	ed business in Flori	da, if prior to registration.) to determine penalty liability)		-		
14499 N DALE MAB		74 BC 003,0703, F.S	to determine penanty naturny)				
TAMPA, FL 33618-20)71				-		
		dress of Principal C	ffice)		<u>∑</u>	<u> </u>	
14488 OLD STAGE R	D					6 X	
LENOIR CITY, TN 37	7772			•	ETARY	1 I AON	ន ភ្នំ មានសោ
		Mailing Address)	<u></u>		is?	+	y y
Name and street addres	ss of Florida registered ag	gent: (P.O. Box	NOT acceptable)		F.F	7	
Name:	MIKE STE				0	!	
	14499 N DALE MABE	-)1		ORID,	9.	
Office Address:	TATAN TA DITRICT TATABL	,	-				
Office Address:			22410	.i 2071			
	ТАМРА	(City)	, Florida 33618-	2071 code)	-		
gistered agent's accep ving been named as re ignated in this applica complywith the provisi	TAMPA stance: rgistered agent and to accition, I hereby accept the	(City) cept service of pr appointment as te to the proper a	, Florida 33618-	code) ited liabil act in thi	is capacity	y. I fu	rther ag
gistered agent's accep ving been named as re ignated in this applica complywith the provisi	TAMPA stance: rgistered agent and to accition, I hereby accept the ons of all statutes relatiy	(City) cept service of pr appointment as te to the proper a	Florida 33618- (Zip ocess for the above stated limit registered agent and agree to ad complete performance of n	code) ited liabil act in thi	is capacity	y. I fu	rther ag
gistered agent's accep ving been named as re ignated in this applica complywith the provisi ept the obligations of i	TAMPA stance: registered agent and to accetion, I hereby accept the ons of all statutes relatively position as registered.	(City) cept service of proper as to the proper according to the proper accord	Florida 33618- (Zip ocess for the above stated limit registered agent and agree to ad complete performance of n	code) ited liabid act in thi ny duties	is capacity	y. I fu	rther ag
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Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCREENING SERVICES, 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 SECOND DAY OF NOVEMBER, A.D. 2016.

Authentication: 203271878

Date: 11-02-16