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Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2019 JAN 24 PM 1:48
James Tanks III

ED

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Foreign Limited Liability Company
Plantensive Solutions Group, LLC

Certificate of Status	0
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T. CLINE

JAN 25 2019

EXAMINER

2019 JAN 24 PM 4:54

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	James Tanks III
DATE	2019-01-24 15:43:17 CST
RE	Plantensive Solutions Group, LLC

COVER MESSAGE

Ken Brown
 Associate Fulfillment Specialist
 Global Fulfillment Operations
 CT Corporation
 Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com

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 18506176383



1200 Orange Street, Wilmington, DE 19801.
www.wolterskluwer.com

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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:

1. Plantensive Solutions Group, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Tennessee 3. 27-1486813
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5410 Maryland Way Ste 460 6. 5410 Maryland Way Ste 460
(Street Address of Principal Office) (Mailing Address)
Brentwood, TN 37027 Brentwood, TN 37027

2019 JAN 24 PM 1:48

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

By: C T Corporation System Kim Winkler - Asst Secy
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>CFO</u>	<u>William T. Sweat</u> <u>5410 Maryland Way Ste 460</u> <u>Brentwood, TN 37027</u>	<u>CEO</u>	<u>Jerry Bostelman</u> <u>5410 Maryland Way Ste 460</u> <u>Brentwood, TN 37027</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.

William T. Sweat
(Signature of an authorized person)

William T. Sweat
Typed or printed name of signer



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

WOLTERS KLUWER
118 W EDWARDS STE 200
SPRINGFIELD, IL 62704

January 24, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0303553

Issuance Date: 01/24/2019
Copies Requested: 1

Document Receipt

Receipt #: 004490975 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3748491429 \$20.00

Regarding: Plantensive Solutions Group, LLC
Filing Type: Limited Liability Company - Domestic Control #: 620074
Formation/Qualification Date: 12/18/2009 Date Formed: 01/01/2010
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: WILLIAMSON 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

Plantensive Solutions Group, 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.

Tre Hargett
Secretary of State

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