

M24000000654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

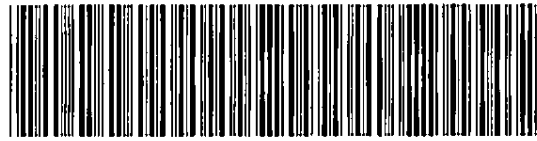
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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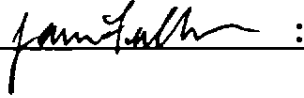
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-19-2024 BY 60322 UCBAW/STP/STP
2024 JAN 19 AM 11:24
2024 JAN 19 PM 3:30
RECEIVED
TALLAHASSEE, FLORIDA

JAN 20 2024
< Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$160.00

Authorization Signature: _____ :



SNR GLOBAL, LLC

BUSINESS NAME _____ **DOCUMENT #** _____

Certified Copy of Entire File

Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- LLLP
- CORP
- Other
- Other

AMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Restated Articles of Incorporation
- Statement of Authority

OTHER FILINGS

- Apostille
- Country
- Annual Report
- Fictitious Name

- Foreign Filing**
- Reinstatement
- Qualification
- Other

XAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SNR Global, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stacey Loft, Compliance Director

Name of Person

SNR Global, LLC

Firm/Company

5865 Ridgeway Center Pkwy, Suite 200A

Address

Memphis, TN 38120

City/State and Zip Code

compliancedirector@southernncorp.com

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

For further information concerning this matter, please call:

Stacey Loft, Compliance Director

901

287-9968

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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:

1. SNR Global, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3753170
(FEI number, if applicable)

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

5. 2110 E Robinson St.
(Street Address of Principal Office)
Orlando, FL 32803

6. 5865 Ridgeway Center Pkwy, Suite 200A
(Mailing Address)
Memphis, TN 38120
Attn: Stacey Loft

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

Name: Randy Fletcher

Office Address: 2110 E Robinson St.

Orlando, Florida 32803
(City) (Zip code)

2024 JAN 19 AM 11:24
FILED

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.

[Handwritten Signature]
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: James T. Shaheen, III _____

Member Address: 5865 Ridgeway Center Pkwy _____

 Suite 200A _____

Authorized _____

 Memphis, TN 38120 _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Randy Fletcher _____

Member Address: 110 E Robinson St. _____

 Orlando, FL 32803 _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Stacey Loft _____

Member Address: 5865 Ridgeway Center Pkwy _____

Authorized Suite 200A _____

 Memphis, TN 38120 _____

Person _____

Other (Compliance) _____ Other _____

Manager Name: John Falls _____

Member Address: 5865 Ridgeway Center Pkwy _____

 Suite 200A _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

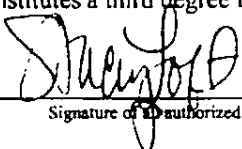
Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of authorized person

Stacey Loft

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SNR GLOBAL, 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 TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SNR GLOBAL, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7603966 8300

SR# 20234344188

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204918227

Date: 12-27-23