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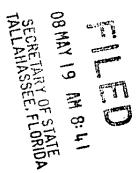
(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



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MRD 3/20

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Lose & Associates, Inc.	•
	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
Marla Simmons	
(Na	me of Person)
Lose & Associates, Inc.	
(Fire	m/Company)
1314 5th Ave. North, Suite 200	
((Address)
Nashville, TN 37208	
(City/S	State and Zip code)
For further information concerning this matter, ple	ease call:
Marla Simmons at (6	15 , 242-0040
<u> </u>	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & S87.50 Filing Fee, Certified Copy Certified Copy 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

(Enter name of c	sociates, Inc. orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
	sociates of Tennessee, Inc	·
(If name unavails	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Tennesse	e ;	_{3.} 62-1211960
•	under the law of which it is incorporated)	(FEI number, if applicable)
12/15/198	3 5	_{5.} Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
1314 5th A	ve. North, Suite 200, Nash	ville, TN 37208
	(Principal office ad	idress)
1314 5th A	ve. North, Suite 200, Nash	
	(Current mailing ac	ddress)
Landscan	e Architecture and Civil Eng	rineering
) of corporation authorized in home state or	
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	CT Corporation System	
fice Address:	1200 South Pine Island Ro	oad TARY
	Plantation	
ki Kiringan	(City)	, Florida 33324 (Zip code)
الادرائيات الادرائيات		RICE
ving been nam signated in this ther agree to co	application, I hereby accept the appoint	vice of process for the above stated corporation at the platment as registered agent and agree to act in this capacity relative to the proper and complete performance of my consition as registered agent.
	Tannes Verne	1

(Registered agent's signature)

Danny Verdecchia, Jr. Asst. Sectretary

11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: David O. Lose
Address: 1314 5th Ave. North, Suite 200
Nashville, TN 37208
Vice President: Chris Camp
Address: 1314 5th Ave. North, Suite 200
Nashville, TN 37208
Secretary: W. Lee Corbett, P.C.
Address: 3100 West End Avenue, Suite 1050, Nashville, TN 37203
Treasurer:
Address:
Address.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application)
14. David O Lose President

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

Vice President:

Mike Wrye 1314 5th Ave. North, Suite 200

Nashville, TN 37208

Vice President:

Betti D. Lose 1314 5th Ave. North, Suite 200 Nashville, TN 37208

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

> TO: MARLA SIMMONS 1314 5TH AVE N STE 200 NASHVILLE, TN 37208

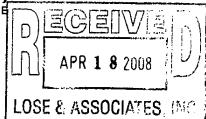
ISSUANCE DATE: 04/16/2008 REQUEST NUMBER: 08107550 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/15/1983 STATUS: ACTIVE

CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0136089

JURISDICTION: TENNESSEE

REQUESTED BY: MARLA SIMMONS 1314 5TH AVE N STE 200 NASHVILLE, TN 37208

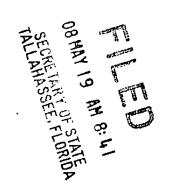


CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"LOSE & ASSOCIATES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

LOSE & ASSOCIATES, INC. 1314 5TH AVE N SUITE 200

NASHVILLE, TN 37208-0000

ON DATE: 04/16/08

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004376242 ACCOUNT NUMBER: 00075372



FROM:

RILEY C. DARNELL SECRETARY OF STATE