F18000003/26

(Re	questor's Name)	
— (Ad	dress)	_
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	d	
(AO	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	alana Catitu Nas	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

_	istration Secti ision of Corpo				
SUBJECT		Data Management Sol	utions, Inc.		
SUBJECT	•	Name of co	rporation -	must include suffix	
Dear Sir or N	Madam:				
"Certificate	of Existence,"		iood Standi	ng" and check are sub	nct Business in Florida," omitted to register the
Please return	n all correspor	idence concerning th	is matter to	the following:	
Major Sharpe	· · · · · · · · · · · · · · · · · · ·				
	,		Name of Pe	rson	
de maximis L	Data Manageme	nt Solutions, Inc.			
450 Montbro	ok Lane	F	irm/Compa	ny	
			Address		
Knoxville, Ti	N 37919				
		Cit	y/State and	Zip code	
major@dema	aximis.com	E mail address: (to	he used for	future annual report	notification)
					notification)
For further in	nformation co	ncerning this matter	, please cal	l :	
Major Sharpe	2		865 691-5052		
Nan	ne of Person	at (//	rea Code	Daytime Telep	hone Number
Regi Divi Clift	istration Secti Ision of Corpo ton Building	rations		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Talla	LExecutive C ahassee, FL 3			t analiassee. r	E 32314
■ \$70.00 F		\$78.75 Filing Fee Certificate of Sta		578.75 Filing Fee & Certified Copy	S87.50 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.

(Enter name of c	a Management Solutions, Inc. orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"	
(If name unavail	·	opted for the purpose of transacting business in Florida) 0-3803802	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
(State or countr 1/13/2006 4.			
	of incorporation)	(Date of duration, if other than perpetual)	
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ane, Knoxville, TN 37919	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
· · · · · · · · · · · · · · · · · · ·		office address)	
	(Current mailing	address, if different)	
8. Name and street	et address of Florida registered agent: (P.O.) Bethanie Roberts	Box NOT acceptable)	
Office Address:	600 55th Ave. NE		
	St. Petersburg		.) က လ
	(City)	(Zip code)	

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.

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:

CTORS			
John Dustman			
Burnsville, MN 55337			
man:		<u>-</u>	
	. .		_
Mark Packard			
60 Plato Blvd. Suite 150	-		
St. Paul, MN 55107			
Major Sharpe			
450 Montbrook Lane			
Knoxville, TN			
Mark Packard		<u> </u>	
60 Plato Blvd, Suite 150			
St. Paul, MN 55107	ALC:		
dent:			
	- 577 - 157		
Major Sharpe		Ω Ω	
f necessary, you may attach an addendum to the application listing additional officers	and/or direct	ors.	
nd that he or she is aware that false information submitted in a document to the Departing ${\sf gree}$ felony as provided for in s.817.155, F.S.			
	John Dustman 1210 E. 115th Street Burnsville, MN 55337 man: Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 Major Sharpe 450 Montbrook Lane Knoxville, TN CERS Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 dent: Major Sharpe 450 Montbrook Lane, Knoxville, TN If precessary, you may attach an addendum to the application listing additional officers. Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms tha	John Dustman 1210 E. 115th Street Burnsville, MN 55337 man: Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 Major Sharpe 450 Montbrook Lane Knoxville, TN CERS Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 CERS Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 dent: St. Paul, MN 55107 Higher Sharpe 450 Montbrook Lane, Knoxville, TN If processary you may attach an addendum to the application listing additional officers and/or direct Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stand that he or she is aware that false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	John Dustman 1210 E. 115th Street Bumsville, MN 55337 man: Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 Major Sharpe 450 Montbrook Lane Knoxville, TN CERS Mark Packard 60 Plato Blvd, Suite 150 St. Paul, MN 55107 dent: St. Paul, MN 55107



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:

Document Receipt

Receipt #: 004143387

Payment-Credit Card - State Payment Center - CC #: 3733323243

Filing Fee: \$20.00

\$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

Duration Term:

Formation Locale: TENNESSEE

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.

Secretary of State

Processed By: Cert Web User

Verification #: 028354334