

Division of Corporations

**F1900004473**

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Account Name : C T CORPORATTON SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**Email Address:** \_\_\_\_\_

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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2019 OCT -2 AM 11:33

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# 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.

1. LBMC, PC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LBMC, Professional Corporation  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TN 3. 62-1199757  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/12/1984 5. perpetual  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 201 Franklin Road, Brentwood, TN 37027  
 (Principal office address)

\_\_\_\_\_ (Current mailing address, if different)

8. 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)

## 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.*

C T Corporation System **Jane Zachritz**  
 By: Jane Zachritz **Asst. Secretary**  
 (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.

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## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jeffrey DrummondsAddress: 201 Franklin Road, Brentwood, TN 37027

Director: \_\_\_\_\_

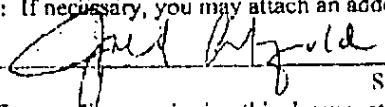
Address: \_\_\_\_\_

**B. OFFICERS**President: Jeffrey DrummondsAddress: 201 Franklin Road, Brentwood, TN 37027Vice President: John Litchfield, Jr.Address: 201 Franklin Road, Brentwood, TN 37027Secretary: John Litchfield, Jr.Address: 201 Franklin Road, Brentwood, TN 37027

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. John Litchfield, Jr., Vice President and Secretary

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



**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

October 1, 2019

Request Type: Certificate of Existence/Authorization  
Request #: 0332634

Issuance Date: 10/01/2019  
Copies Requested: 1

Document Receipt

Receipt #: 005043294

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3766723399

\$20.00

Regarding: LBMC, PC

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 04/12/1984

Status: Active

Duration Term: Perpetual

Business County: WILLIAMSON COUNTY

Control #: 140392

Date Formed: 04/12/1984

Formation Locale: TENNESSEE

Inactive Date:

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

LBMC, PC

\* 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.

Tre Hargett  
Secretary of State

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