

Document Number Only

M000000002317

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

CORPORATION(S) NAME

700003459267--8  
-11/09/00--01085--016  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

700003459267--8  
-11/09/00--01085--015  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

Marsh : Son of Mississippi, L.L.C.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                               | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                            | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Foreign                   | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.       |
| <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Reinstatement                        | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Limited Liability Partnership        | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input type="checkbox"/> Certified Copy                       | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Call When Ready                      |   |   |
| <input checked="" type="checkbox"/> Walk In                   |   |   |
| <input type="checkbox"/> Mail Out                             |   |   |

00 NOV -9 PM 2:15 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
-9 AM 11:30

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| Verifier          |
| Acknowledgment    |
| W.P. Verifier     |

11/9

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THANKS

CONNIE BRYAN

11-9-00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Marsh & Son of Mississippi, L.L.C.  
(Name of foreign limited liability company)
2. Mississippi 3. 64-0881491  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 09-23-96 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. None transacted to date  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6705 North Davis Highway  
Pensacola, Florida 32504  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The usual business addresses of the managing members or managers are as follows:

6705 North Davis Highway

Pensacola, Florida 32504

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Western wear retail store

Julianna C. Marsh  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Julianna C. Marsh, Member

Typed or printed name of signer

00 NOV - 9 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Marsh & Son of Mississippi, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

C T Corporation System

(Signature)

**JENNIFER F AULTMAN**  
**ASSISTANT SECRETARY**

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

00 NOV - 9 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State  
Jackson, Mississippi

## CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MARSH & SON OF MISSISSIPPI, L.L.C.

Formed September 23, 1996

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

631 LAKELAND EAST DRIVE  
FLOWOOD MS 39208

and that the registered agent at that address is:

C T CORPORATION

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand  
and seal of office  
November 03, 2000

*Eric Clark*

ERIC CLARK,  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APPROVED