

BALCH & BINGHAM LLP

ATTORNEYS AND COUNSELORS

POST OFFICE BOX 306

BIRMINGHAM, ALABAMA 35201-0306

(205) 251-8100

WRITER'S OFFICE:

1901 SIXTH AVENUE NORTH

SUITE 2600

BIRMINGHAM, ALABAMA 35203-2628

FACSIMILE (205) 226-8799

DIRECT DIAL TELEPHONE:

MD20000000701
March 8, 2002

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

3/12 FOR UC

MDJN

Re: Application for Certificate of Authority

800005097329--7
-03/12/02--01059--003
****130.00 ****130.00

Dear Sir:

Enclosed please find, in duplicate, the Application for Certificate of Authority for SNS Jacksonville, LLC, an Alabama limited liability company, for filing in your office. I have included a Certificate of Existence from the Secretary of State and a check payable to the Department of State of \$130.00, including the filing fees, registered agent designation fees and fees for requesting a Certificate of Status.

Once filed, please return evidence of filing to the attention of the undersigned along with the Certificate of Status as requested. If you have any questions, please do not hesitate to call. Thank you in advance for your assistance in this matter.

Yours truly,

Anne-Marie Myers

Anne-Marie Myers
Legal Assistant

Enclosure

FILED
02 MAR 12 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. SNS Jacksonville, LLC
(Name of foreign limited liability company)

2. Alabama
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. September 12, 2001
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon registration
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 7450 Beach Boulevard, Jacksonville, Florida 32216
(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:

105 Church Street, Suite C, Rainbow City, Alabama 35906

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: Engage in business of
purchasing, owning, financing, warehousing, selling and distributing furniture

Samuel W. Kelley
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.)

Samuel W. Kelley, Member

Typed or printed name of signee

FILED
02 MAR 12 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

SNS Jacksonville, LLC

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

NRAI Services, Inc.

(Name)

526 E. Park Avenue

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

Tallahassee

FL 32301

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..

NRAI Services, Inc.

Gwendolyn Andrews

(Signature)

Gwendolyn Andrews, Asst. Secretary

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

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that SNS Jacksonville, LLC organized in the office of the Judge of Probate of Etowah County on September 12, 2001. I further certify that the records do not disclose that said SNS Jacksonville, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 25, 2002

Date

A handwritten signature in cursive script, reading "Jim Bennett".

Jim Bennett

Secretary of State