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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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### Foreign Limited Liability Company Missco Furnishings, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
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**EXAMINER** 

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#### COVER LETTER

| ubject: <u>'</u>             | MISSCO Furnishings, LLC   |  |                                    |
|------------------------------|---|--|------------------------------------|
|                              |   | Name of Limited Liability Company  |                                    |
| he enclosed<br>xistence, and | "Application by Foreign Limited I<br>d check are submitted to register the          | Liability Company for Authorization to Transact Business in Florida, he above referenced foreign limited liability company to transact business. | Certificate of<br>noss in Florida. |
| lease return t               | all correspondence concerning this  | is matter to the following:  |                                    |
|                              | Randolph D. Peets III   | <u> </u>   |                                    |
|                              |   | Name of Person   |                                    |
|                              | MISSCO Furnishings, LLC   |  |                                    |
|                              |   | Firm/Company   |                                    |
|                              | 2510 Lakeland Terrace #100  | •  |                                    |
|                              |   | Address  |                                    |
|                              | Jackson, MS 39216   |  |                                    |
|                              |   | City/State and Zip Code  |                                    |
|                              | RPccts@Missco.com   |  |                                    |
|                              | E-mail addres   | ss: (to be used for future annual report notification)   |                                    |
| or further indi              | formation concerning this matter, p   | please call:   |                                    |
|                              |   |  |                                    |
| <del></del>                  | Name of Person  | at () Area Code & Duytime Telephone Number   |                                    |
| Divisi<br>Regis<br>P.O. I    | LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314       | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                |                                    |
| nclosed is a  \$125.6        | a check for the following am<br>00 Filing Fee \$130.00 filing<br>Certificate of the | Status Status Status & Certified Copy of Status & Certified Copy   | ie                                 |

TQ:

Registration Section

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GISSOS, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MISSCO Furnishings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written convent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Misskelppi
 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) April 12, 2011 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. upon registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2510 Lakeland Drive, Buita 100 Jackson Mississippi (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Mark A. Sorgenfrei 2610 Lakeland Drive, Suite 100 Jackson M3 39218 Randolph D. Peets III Manager 2510 Lekeland Drive, Suite 100 Jackson MS 39216 Marian Company of the Menager Masservasors servas 2510 Lakeland Orive, Sulta 100 Jackson MS 39218 Jamos Scholtens 10. Attached is an original certificate of existence, no more than 90 days old, duly authemicated 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 each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: installation of furniture and equipment 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.)

Typed or printed name of signee

Randolph O. Peets III, Manager

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2001 HAY 27 PM 10: 05

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATURES, AMESSEE, FLORIDA 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 Compan   | ny is:                       |  |  |
|--|--|------------------------------|--|--|
| MISSCO Furnishings, LLC  |  |                              |  |  |
| If unavailable, the alternate to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are: |  |                              |  |  |
|  |  |                              |  |  |
|  |  | (Name)                       |  |  |
| 1200   | South Pine Island Road   | ·                            |  |  |
|  | Florida Street Addres  | SS (P.O. BOX NOT ACCEPTABLE) |  |  |
| Plan   | itation  | FL 33324                     |  |  |
|  |  | City/State/Zip               |  |  |
| tiability company at t<br>agent and agree to a<br>relating to the proper   | the place designated in this ct in this capacity. I further and complete performance ition as registered agent at CT Corporation System (Signatu.) | •                            |  |  |
|  |  | Filing Fee for Application   |  |  |

30.00 Certified Copy (optional)
5.00 Certificate of Status (optional)

# State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, C. DELBERT HOSEMANN, JR., 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:

MISSCO FURNISHINGS, LLC

Formed April 12, 2011

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:

2510 LAKELAND TERRACE #100 JACKSON MS 39216

and that the registered agent at that address is:

PEETS, RANDOLPH D, III

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 May 26, 2011

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12492785-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp