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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTÉR

Registration Section Division of Corporations

TO:

SUBJECT: TMI Solutions, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Theresa Feliciano Name of Person
Name of Ferson
Edwards Angell Palmer & Dodge LLP
Firm/Company
20 Church Street, 2th Floor
Address
Hartford, CT 06103
City/State and Zip Code
tfeliciano@eapdlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Feliciano at (860) 541-7746
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\int\\$\$155.00 \text{ Filing Fee & Certificate Copy}\$ \$\$160.00 \text{ Filing Fee, Certificate Copy}\$ \$\$160.00 \tex

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN 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. TMI Solutions, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
Company," "L.L.C," "LLC.")
2. Washington 3. 27-0501457
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 7/1/2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A ₹% =
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 3300 NE 164 Street P-1
THO THE
Ridgefield, WA 98642
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
2. The name and usual business addresses of the managing members or managers are as follows:
Larry Michael Sellers, 3300 NE 164 Street P-1, Ridgefield, WA 98642
Thomas Joseph Manger, 4550 North Point Parkway, Suite 370, Alpharetta, GA 30022
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: Provide service contract
and conduct any and all other lawful business for which limited liability companies may be qualified to do business
Signature of a member or an authorized representative of a member.
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. I am aware that any 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.)
Thomas lesson Manger

Typed or printed name of signee

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:	
TMI Solutions, 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:	11 SEC
A. Kenneth Levine, Edwards Angell Palmer & Dodge LLP	聖声コ
(Name)	22 LE
525 Okeechobee Blvd., Suite 1600	E, FL
Florida Street Address (P.O. Box NOT ACCEPTABLE)	IO: 57
West Palm Beach _{FL} 33401	7
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, Florida Statutes.



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



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF TMI SOLUTIONS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 7/1/2009.

I FURTHER CERTIFY that as of the date of this certificate, TMI SOLUTIONS, LLC remains active and has complied with the filing requirements of this office.

Date: July 15, 2011

UBI: 602-936-727

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State