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2011 JUL 25 PN 1: 00
SECRETARY OF STATE
AND ANASSEE, FLORIDA

T. CLINE

JUL 2 6 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
_{suвjecт:} Service Provider Group LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact busines		
Please return all correspondence concerning this matter to the following:		
Stephen L. Carpenter, Esq. Name of Person		
Carpenter & Lewis PLLC		
Firm/Company		
10413 Kingston Pike, Suite 200		
· Address		
Knoxville, TN 37922		
City/State and Zip Code		
stephen@carpenterlewis.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen L. Carpenter, Esq. at (865) 690-4997 Name of Person Area Code & Daytime Telephone Number	201	
MAHLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301	I JUL 25 PH 1: 8	
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}\$ \$\int\\$\$160.00 \text{ Filing Fee, Certificate Copy}\$ \$\int\\$\$160.00 \text{ Filing Fee, Certificate Copy}\$	· 6:20	

CARPENTER LEWIS PLLC

ATTORNEYS & Courselors at Law

STEPHEN L. CARPENTER BRADLEY S. LEWIS AMANDA B. BRABHAM 10413 KINGSTON PIKE, SUITE 200 KNOXVILLE, TENNESSEE 37922 TELEPHONE: (865) 690-4997 FACSIMILE: (865) 690-4790 WWW.CARPENTERLEWIS.COM

July 21, 2011

VIA FEDEX

Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

RE: Service Provider Group LLC

Dear Sir or Madam:

Enclosed please find an original signed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the Secretary of State cover letter, and our client's check in the amount of \$160.00 for the requisite filing fee for the above-referenced entity. Please return the filed Application to me in the self-addressed, stamped envelope provided.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

Susan E. Conover

Clerical Services Assistant

/sec

Enclosures

cc: Mr. Z. Joseph Usher III (via email) (w/o encls.)

Mr. Philip E. Lawrence (via email) (w/o encls.)

Mr. Toby S. Fanning (via email) (w/o encls.)

Mr. Jerry T. Brake (via email) (w/o encls.)

SECRETARY OF STATE

Mari Co

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LI.	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Service Provider Group LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writings of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "LLC," "LLC.")	ten
	Tennessee 3. 27-4412935	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	August 19, 2010 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
_	exist or "perpetual")	
5.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.		
	Knoxville, TN 37934	
	(Street Address of Principal Office)	
	If limited liability company is a manager-managed company, check here	
€.	The name and usual business addresses of the managing members or managers are as follows:	
	Z. Joseph Usher III	
	11400 Parkside Dr., Suite 500	
	Knoxville, TN 37934	
c	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	in
1	. Nature of business or purposes to be conducted or promoted in Florida: Provide operational	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S. Whe execution of this document constitutes an affirmation under the penalties of perjuty 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.)	
	/ INCOME INDOME III	

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:
Service Provider Group 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:
Jerry T. Brake
(Name)
210 W. Marion Ave., Suite 1209
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Punta Gorda FL 33950
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 30.00 Certified Copy (optional) 5 5.00 Certificate of Status (optional)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CARPENTER & LEWIS PLLC

10413 KINGSTON PIKE - STE 200 KNOXVILLE, TN 37922

July 18, 2011

Request Type: Certificate of Existence/Authorization

Request #:

0043148

Issuance Date: 07/18/2011

Copies Requested:

Document Receipt

Receipt #: 512645

Payment-Check/MO - CARPENTER & LEWIS PLLC, KNOXVILLE, TN

Filing Fee:

\$20.00

\$20.00

Regarding:

Service Provider Group LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/19/2010

Status:

Active

Duration Term: Perpetual

Control #:

Date Formed:

638210

08/19/2010

Formation Locale: Knox County

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

Service Provider Group LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, 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 corporation 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.

Secretary of State

Processed By: Sheila Keeling