

M110WVV04292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

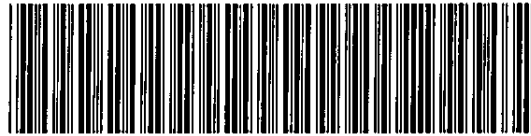
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

AUG 26 2011

EXAMINER



200211084912

08/26/11--01003--008 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG 26 AM 10:27
NOT POSTED
EDGE
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 26 AM 11:20

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 26 AM 11:20

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 08/26/2011

REF. #: 002269.153384

CORP. NAME: SENME LLC

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 541769 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



SENME, LLC

1427 Hunters Mill Trail
Collierville, TN 38017

Phone (901) 382-7210 · Fax (901) 382-7211

Lshang@senme.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 26 AM 11:20

August 25, 2011

Division of Corporations

Registration Section

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: SENME LLC will not revoke the dissolution that was filed

To Whom It May Concern:

"SENME LLC" will not revoke the dissolution that was filed on 8/23/2011 under document number: L11000093005, as it was created incorrectly.

We will file it correctly as Foreign LLC Transact Business in Florida format.

Please contact us if you have any questions.

Regards,

Libiao Shang
President/Owner of SENME, LLC in Tennessee
901-299-2558
Lshang@senme.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 26 AM 11:20

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. SENME 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. TENNESSEE 3. 72-1580100
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1-13-2004 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4600 SW 34th St., Orlando, FL. 32811

(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:

LIBIAO SHANG - SAME ADDRESS

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: WHOLESALE
CONSUMER GOODS

[Signature]
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.)

LIBIAO SHANG
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:

SENME LLC

If unavailable, the alternate to be used in the state of Florida is:

SENME, LLC

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

LIBIAD SHANG

(Name)

4600 SW 34TH ST. Orlando, FL 32811

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FL

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.



(Signature)

\$ 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 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

CFS
992 DAVIDSON DRIVE
SUITE B
NASHVILLE, TN 37205

August 23, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0045691

Issuance Date: 08/23/2011
Copies Requested: 1

Document Receipt

Receipt #: 529851	Filing Fee:	\$20.00
Payment-Check/MO - CFS, NASHVILLE, TN		\$100.00
Deposit-Account - CFS, NASHVILLE, TN		\$80.00

Regarding:	SENME, LLC	
Filing Type:	Limited Liability Company - Domestic	Control #: 461157
Formation/Qualification Date:	01/13/2004	Date Formed: 01/13/2004
Status:	Active	Formation Locale: Shelby County
Duration Term:	Perpetual	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

SENME, 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.


Tre Hargett
Secretary of State

Processed By: Nichole Hambrick