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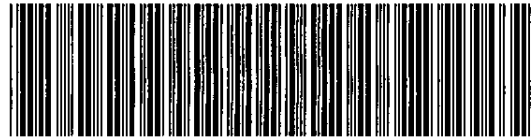
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MELLON CONSULTING GROUP, 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:

ADAM UNDERWOOD  
(Name of Person)

MELLON CONSULTING GROUP, LLC  
(Firm/Company)

7469 APPLE VALLEY RD.  
(Address)

GERMANTOWN, TN 38138  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM UNDERWOOD at ( 901 ) 371-4081  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

*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. MELLON CONSULTING GROUP, 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**

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

**3. 26-3153822**

(FEI number, if applicable)

**4. 07/31/2008**

(Date of Organization)

**5. PERPETUAL**

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

**6. 09/15/2011**

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

**7. 9245 POPLAR AVE STE 8**

**GERMANTOWN, TN 38138-7907**

(Street Address of Principal Office)

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TALLAHASSEE FLORIDA

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:

**ADAM UNDERWOOD 7469 APPLE VALLEY RD. GERMANTOWN, TN 38138**

**STEPHEN DUKES 9245 POPLAR AVE. STE 8 GERMANTOWN, TN 38138**

**CRAIG PFEIFER 9245 POPLAR AVE STE 8 GERMANTOWN, TN 38138**

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: **IT Consulting Firm**

**in Germantown, TN with 1 employee that works for our company from his home in Florida.**

  
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.)

**Adam Underwood**

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:

**MELLON CONSULTING GROUP, LLC**

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

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

**Northwest Registered Agent LLC**

(Name)

**3111 W. Dr. MLK Blvd., STE 100-B180**

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

**Tampa**

**FL**

**33607**

City/State/Zip

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TALLAHASSEE, FLORIDA

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*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)

**Dan Keen-Manager**

\$ 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

**ADAM UNDERWOOD**  
7469 APPLE VALLEY RD  
GERMANTOWN, TN 38138

October 20, 2011

**Request Type: Certificate of Existence/Authorization**

Request #: 0049703

Issuance Date: 10/20/2011

Copies Requested: 1

**Document Receipt**

Receipt #: 556019	Filing Fee:	\$20.00
Payment-Check/MO - MELLON CONSULTING GROUP LLC, GERMANTOWN, TN		\$20.00

**Regarding: MELLON CONSULTING GROUP, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 07/31/2008

Status: Active

Duration Term: Perpetual

Control #: 582782

Date Formed: 07/31/2008

Formation Locale: Shelby 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

**MELLON CONSULTING 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.

  
Tre Hargett  
Secretary of State

Processed By: Deborah Chaney