

M12000006094

(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:

OCT 30 2012/

S. TONER

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~~W12-11663~~

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12 OCT 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/07/12--01028--021 **185.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2012

SCOTT HOFFMIRE
VERISERVE, LLC
648 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483

SUBJECT: VERISERVE, LLC
Ref. Number: W12000046663

We have received your document for VERISERVE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

Page 2 of 2 of the Certificate of Conversion was not submitted.

Enclosed is a blank Certificate of Conversion for "Other Business Entity" into a Florida Limited Liability Company and the Articles of Organization for Florida Limited Liability Company. Both forms must be completed in order to file the conversion.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 712A00022779

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veriserve, 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:

SCOTT HOFFMIRE
Name of Person

Veriserve, LLC
Firm/Company

648 George Bush Blvd
Address

Delray Beach, FL 33483
City/State and Zip Code

SCOTT. HOFFMIRE@SOURCE1purchasing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Del Rosso at (901) 881-5319
Name of Person Area Code & Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Veriserve, 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. TN 3. 26-4824813
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/4/2009 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. 640 George Bush Blvd Delray Beach, FL 33483
MAIN = 51 Germantown Ct Cordova, TN 38018-4278
(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:
640 George Bush Blvd
Cordova, TN 38018-4278 Delray Beach, FL 33483
MGR Scott Hoffmire

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: Vendor Credentialing

Scott Hoffmire
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.)

Scott Hoffmire
Typed or printed name of signee

FILED
12 OCT 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Veriserve, 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:

SCOTT HOFFMIRE

(Name)

648 George Bush Blvd

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

Delray Beach FL 33483

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

VERISERVE, LLC
STE 200
51 GERMANTOWN CT
CORDOVA, TN 38018-4290

October 10, 2012

Request Type: Certificate of Existence/Authorization
Request #: 0078895

Issuance Date: 10/10/2012
Copies Requested: 1

Document Receipt

Receipt #: 833852 Filing Fee: \$20.00
Payment-Check/MO - VERISERVE, LLC, CORDOVA, TN \$20.00

Regarding:	VERISERVE LLC	
Filing Type:	Limited Liability Company - Domestic	Control #: 601747
Formation/Qualification Date:	05/04/2009	Date Formed: 05/04/2009
Status:	Active	Formation Locale: TENNESSEE
Duration Term:	Perpetual	Inactive Date:
Business County:	SHELBY COUNTY	

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

VERISERVE 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: Sheila Keeling

Verification #: 001776521