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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/19/21

NAME:

CORE SAFETY GROUP, LLC

TYPE OF FILING: APPLICATION FOR REGISTRATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

### **COVER LETTER**

SUBJECT:	CORE SAFETY GRO	OUP LLC	
		Name of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited L d check are submitted to register th	lability Company for Authorization to Transact Business in Florida," Certific e above referenced foreign limited liability company to transact business in F	ate of lorida
Please return	all correspondence concerning this	matter to the following:	
	Jill Probst		
		Name of Person	
	National Service Inform	ation, Inc	
		Firm/Company	
	145 Baker St		
		Address	
	Marion, Ohio 43302		
		City/State and Zip Code	
	R-mail address	s: (to be used for future annual report notification)	
For further in	formation concerning this matter, p		
<u>Jill</u>	Probst	at(740)387-6806	
	Name of Person	Area Code & Daytime Telephone Number	
	ILING ADDRESS: sion of Corporations	STREET ADDRESS:	
	istration Section	Division of Corporations Registration Section	
	Box 6327	Clifton Building	
Talls	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following am 5.00 Filing Fee \$130.00 Filing		

## 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 FOREXIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 CORE SAFETY 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. TN (Jurisdiction under the law of which foreign limited liability company is organized) 10/16/2008 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2034 HAMILTON PLACE BLVD STE 400 CHATTANOOGA, TN 37421-6102 USA (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: 2034 HAMILTON PLACE BLUD JTE 400 CHATTANOOGA TN 37421 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.)

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.)

DAVID KOTEL

11. Nature of business or purposes to be conducted or promoted in Florida:

Typed or printed name of signee

PH 9: 30

# 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:	
CORE SAFETY 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:	
NRAI Services, Inc.	
(Name)	
515 East Park Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Piorios Street Address (P.O. Dox 1701 ACCEPTABLE)	
Tallahassee <sub>FL</sub> 32301	
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.

NRAI Services, Inc.

\$ 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** 

October 5, 2012

SUITE B 992 DAVIDSON DRIVE NASHVILLE, TN 37205

Request Type: No Fee Certificate of Existence/Authorization

0078541 Request #:

Issuance Date: 10/05/2012

Copies Requested:

**Document Receipt** 

Receipt #:

**CORE SAFETY GROUP LLC** 

Regarding: Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 10/16/2008

Status:

Active

Duration Term:

Percetual

**Business County: HAMILTON COUNTY** 

Filing Fee:

Control #:

588478

Date Formed:

10/16/2008

Formation Locale: TENNESSEE

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

#### **CORE SAFETY 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

Verification #: 001753219

Processed By: Nichole Hambrick