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COVER LETTER .

TO:	Registration Section Division of Corporations			5	
SUBJI	Elliott Davis LLC				
		Name of Limited	Liability Company	,	
The en Exister	nclosed "Application by Foreign Limince, and check are submitted to regist	ed Liability Company er the above referenced	for Authorization I foreign limited li	to Transact Business in Floriability company to transact b	da," Certificate of usiness in Florida
Please	return all correspondence concerning	this matter to the follo	wing:		
	Teresa Lowie				
		Name o	f Person		
	Elliott Davis LL	3			
	<u> </u>	Firm/Co	ompany		_
	PO Box 6286				
		Add	lress		
	Greenville SC 2	9606			
		City/State ar	nd Zip Code		
	tlowie@elliottdav	ris.com			
	E-mail ad	dress: (to be used for f	uture annual repor	t notification)	
For fur	ther information concerning this matt	er, please call:			
	Teresa Lowie	at (864	552-4785	
	Name of Person		Area Code [Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET AI Division of C Registration S Clifton Build 2661 Executi Tallahassee, I	orporations Section ing ve Center Circle		
Enclo		0 Filing Fee & 🔲 S	\$155.00 Filing Fed Centified Copy	e & S160.00 Filing Fee, of Status & Certific	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Elliott Davi			0 20		
(Name of Foreig	gn Limited Liability Company; me	ust include "Limi	ted Liability Company," "L	L.C.," or "LLC.")	-
	enter alternate name adopted for the rs or managing members adopting LLC.")				
SC			57-0381582		
2. (Jurisdiction under the company is organized)	he law of which foreign limited lized)	ability 3,	(FEI number, if ap	plicable)	-
4.					
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if p 5.0905, F.S. to de	rior to registration.)		_
200 E. Broad		,	. , , , , , , , , , , , , , , , , , , ,		
Greenville	SC 29601			****	
 	(Street	Address of Princ	pal Office)		_
6. PO Box 6286	(Attn: Teresa Lowie)				_
Greenville	SC 29606				_
		(Mailing Addre	ss)	•	
	or capacity and address of the (A O avis, Managing Sharehol	-	ho has/have authority t	to manage is/are:	_
PO Box 6286			-		_
Greenville S	SC 29606	•			
in the jurisdiction under translation of the certific (In acce-	ordance with section 605.0203, F.S., t ies of perjury that the facts stated here ment to the Department of State co	(A photocopy is not stop to be submitted.) are of an author the execution of this ein are true. I am a constitutes a third of the stop to	rized person s document constitutes an affir	e is in a foreign language,	
	Richard E		of aignes		
		printed name	of signee	<u>22</u> %	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nam	ne of the L	imited Liabilit	y Compa	ny is:			
Ellio	tt Davis	LLC					
If unavailat	ole, the alto	ernate to be use	ed in the	state of Florida is:			
2. The nam	ne and the	Florida street a	iddress o	f the registered age	ent and office are:		
		NRAI Servi	ces, In	С			
				(Name)			
		1200 South	Pine I	sland Road			
		Florida S	Street Addi	ress (P.O. Box NOT A	CCEPTABLE)	<u>.</u>	
		Plantation	, FL 3	3324 FL			
				City/State/Zip			
liability con registered a statutes rela	npany at th agent and c ating to the	ne place design agree to act in t a proper and co	ated in th his capac mplete p	nis certificate, I her city. I further agre erformance of my o	process for the above by accept the app e to comply with the duties, and I am fan ided for in Chapter NRAI Servio	ointment as ne provisions of miliar with and r 605, Florida	fall
	Rachel	\$	100.00	Assistant Se Filing Fee for A	pplication	2014 JAH 21 SECKETATA TALLAHASSE	77
		\$ \$	25.00 30.00 5.00	Certificate of St	· •	PH 12	1

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ELLIOTT DAVIS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 29th, 2002, with a duration that is until March 29th, 2042, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 10th day of January, 2014.

Mark Hammond, Secretary of State