

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## Foreign Limited Liability Company CONSUMER SOURCE HOLDINGS LLC

FILE ID

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https://efile.sunbiz.org/scripts/efilcovr.exe

#### COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Consumer Source Holdings LLC	
300000.	Name of Limited Linbility Company	
	d "Application by Foreign Limited Liability Company for Authorization to Transact Busin and check are submitted to register the above referenced foreign limited liability company t	
Please return	n all correspondence concerning this matter to the following:	
	Judy Abrahamson	
	Name of Person	<del></del>
	RentPath, Inc.	
	Pírm/Company	<del></del>
	3585 Engineering Drive, Suite 100,	• •
	Address	A. 1
	Norcross, GA 30092	JAN 16
	City/State and Zip Code	
	JAbrahamson@rentpath.com	property and
	E-mail address: (to be used for future annual report notification)	
For further int	nformation concerning this matter, please call:	
Judy	y Abrahamson at (678 ) 421.3476	
	Name of Person Area Code Daytime Telephol	ne Number
Divis Regi: P.O.	LILING ADDRESS:  ision of Corporations  Division of Corporations  pistration Section  Box 6327  Clifton Building  Jahassee, FL 32314  STREET ADDRESS:  Corporations  Registration Section  Clifton Building  Z661 Executive Center Circle  Tallahassee, FL 32301	
		© Filing Fee, Certificate tus & Certified Copy

## 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 BY INDESS IN THE STATE OF IT OF IT OF IT OF IT.

LΩ	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Consumer Source Holdings LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
COL	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the viscost of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C." "LLC.")	vritten Y
2	Delaware 3. 58-1858150	
(	Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized)	
4.	January 1, 2014	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5.	3585 Engineering Drive, Suite 100,	
	Narcross, GA 30092	L 71
	(Street Address of Principal Office)	÷
í.		. 6
•	मान. गोट्स	AMI
	(Malling Address)	
7.	The name, title or capacity and address of the person(s) who has/have authority to manage is/are.	: 50
Ch	arles J. Stubbs, Manager - 3585 Engineering Drive, Suite 100, Norcross, GA 30092	
Kii	n R. Payne, Manager - 3585 Engineering Drive, Suite 100, Norcross, GA 30092	
Rei	ntPath, Inc., Member - 3585 Engineering Drive, Suite 100, Norcross, GA 30092	
n th	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this document constitutes on affirmation under the	ords 1
	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.)  Michael R. Shaw, Vice President-Tax of member	

Typed or printed name of signee

## 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.

	of the Limited Liability	Company is:		
If unavailable, the alternate to be used in the state of Florida is:				
2. The name	and the Florida street ac	idress of the registered agent and office are:	14 J	
	C T Corporation System		CAETY TO THE	
	(Name)			
	1200 South Pine Island I	Road		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<b>製料 坊</b>	
	Plantation	FL 33324	## <b>0</b>	
	<del></del>	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 605, Florida Statutes.

C T Corporation System

By: Comme B (Signature)

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "CONSUMER SOURCE HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2204908 8300

140038318

You may vorify this certificate online at corp. dalaware gov/authver. shtml

AUTHENTY CATION: 1052617

DATE: 01-13-14