# M14000002649

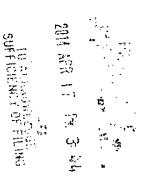
(Request	or's Name)
(Address)	)
(Address)	)
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



900259051509

04/18/14--01004--002 \*\*155.00



B. BOSTICK

APR 18 2014

**EXAMINER** 

CORPÓIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)					
FILING COVER S ACCT. #FCA-23	SHEET						
CONTACT:	RICKY SOT	<u>ro</u>					
DATE:	04/17/2014						
REF. #:	9118841		-				
CORP. NAME:	CONFLUE	NCE OUTDOOR, LLC					
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION				
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME				
(XX) FOREIGN QUALIF	ICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY				
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL				
( ) CERTIFICATE OF C	CANCELLATION						
( ) OTHER:							
STATE FEES PH	REPAID WI	ITH CHECK# <u>70018749</u> FOR	- · · · · · · · · · · · · · · · · · · ·				
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBIT	ED:				
		COST L	IMIT: \$				
PLEASE RETU	RN:						
(XX) CERTIFIED COP	PΥ	( ) CERTIFICATE OF GOOD STA	NDING ( ) PLAIN STAMPED COPY				
( ) CERTIFICATE O	F STATUS						

Examiner's Initials

#### 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: Confluence Outdoor, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") <sub>2.</sub> Delaware Durisdiction under the law of which foreign limited liability company is organized) upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 575 Mauldin Road, Greenville, SC 29607 (Street Address of Principal Office) 6, 575 Mauldin Road, Greenville, SC 29607 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Susan Rechner- President, 575 Mauldin Road, Suite 200, Greenville, SC 29607 Paul Vigano- Vice President, 130 Main Street, New Canaan, CT 06840 Ann Kim - Secretary, 130 Main Street, New Canaan, CT 06840 8. 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 an authorized person

(In accordance with section 605,0203, 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 fellony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Ann Kim

### 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.

I. The name Confluence Ou	of the Limited L utdoor, LLC	iability Comp	any is:		
If unavailable	, the alternate to	be used in the	state of Florida is:		
2. The name	and the Florida s	treet address	of the registered agent and office ar	re:	
	United Corpora	ate Services, In	ic.		
			(Name)		
	9200 South Dadeland Blvd.• Suite 508			701	
	17	lorida Street Add	iress (P.O. Box NOT ACCEPTABLE)	· . i	
	Miamí,		33156 FL		
			City/State/Zip		٠,
liability compo registered age statutes relati	any at the place on the contract of the contract of the contract of the proper of the proper of the proper of the contract of	designated in t act in this capa and complete p osition as regis	to accept service of process for the chis certificate, I hereby accept the active. I further agree to comply with performance of my duties, and I ametered agent as provided for in Chaptature)	appointment as In the provisions of all familiar with and	T. S. L.
		\$ 100.00	Filing Fee for Application	-4	
		\$ 25.00 \$ 30.00	Designation of Registered Ager Certified Copy (optional)	11	

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONFLUENCE OUTDOOR, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONFLUENCE OUTDOOR, LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

his class

3//

5516463 8300

140479518

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 1297999

DATE: 04-16-14

You may verify this certificate online at corp.delaware.gov/authver.shtml