

M1500000843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

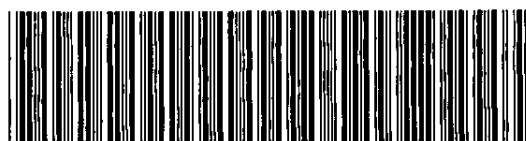
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 FEB -2 AM 11:01
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
ALLAHASSEE FLORIDA

FEB 03 2015
J. BRUCE

ACCOUNT NO. : I20000000195

REFERENCE : 485492 7444101

AUTHORIZATION :

COST LIMIT : \$ 125



ORDER DATE : January 30, 2015

ORDER TIME : 8:39 AM

ORDER NO. : 485492-010

CUSTOMER NO: 7444101

FOREIGN FILINGS

NAME: LIVE MOBILE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 62926

EXAMINER: _____

2015 FEB - 2 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Live Mobile, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Mississippi

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-2732335

(FEI number, if applicable)

4. February 1, 2015

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 187 Highway 6 West, Tupelo, MS 38801

(Street Address of Principal Office)

6. P.O. Box 3060, Tupelo, MS 38803-3060

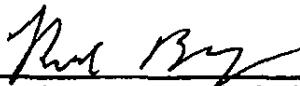
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Rick Beasley, Manager, P.O. Box 3060, Tupelo, MS 38803-3060

Keyes Kennard, Manager, P.O. Box 3060, Tupelo, MS 38803-3060

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 felony as provided for in 2.817.155, F.S.)

Rick Beasley, Manager

Typed or printed name of signer

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2015 FEB - 2 AM 10:32
CLERK OF STATE
TALLAHASSEE FLORIDA

**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 name of the Limited Liability Company is:

Live Mobile, 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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL

32301

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Corporation Service Company

By:

(Signature)

Harry B. Davis
Asst. Vice President

\$ 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 Mississippi

Secretary of State's Office

C. Delbert Hosemann, Jr.

Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. Delbert Hosemann, Jr., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify as follows:

LIVE MOBILE, LLC

Formed September 9, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

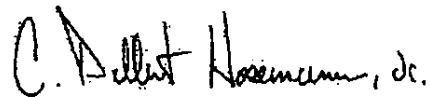
105 South Front Street
Tupelo, MS

and that the registered agent at that address is:

ALBERT G DELGADILLO

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand
and seal of office
January 28, 2015



C. Delbert Hosemann, Jr.
Secretary of State