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DATE:

3/10/15

NAME:

MAHAFFEY FABRIC STRUCTURES LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

#### Mahaffey Fabric Structures LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

## Samantha Campbell Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd., Suite 300 Austin, TX 78744 City/State and Zip Code clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Samantha Campbell

Name of Contact Person

Daytime Telephone Number

#### MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enc	losed	ic a	check	for the	following	amount

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

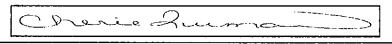
□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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 BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	Structures LLC Limited Liability Company; must include "Li	nited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter altern Liability Company,""L.L.C," or	ate name adopted for the purpose of transacti "LLC.")	ng business in Florida. The alternate	name must include "Limited
<sub>2.</sub> Delaware	3 4	7-3231007	
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI number, if appl	icable)
4. upon approva			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) determine penalty liability)	स्था ज
<sub>5.</sub> 4201 Delp St			獨善工
Memphis, TN			级百位
	(Street Address of Prin	ncipal Office)	-
<sub>6.</sub> 4201 Delp St			10000000000000000000000000000000000000
Memphis, TN	38118		
	(Mailing Add	ress)	
7. The name, title or cap	pacity and address of the person(s)	who has/have authority to i	nanage is/are:
William J. Pretsch	Manager, 4201 Delp St, Memphis, TN 38118		
George A. Smith	Manager, 4201 Delp St, Memphis, TN 38118		
Karen J. Smith	Manager, 4201 Delp St, Memphis, TN 38118		

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 s.817.155, F.S.)

Cherie Turman

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.

1. The name of the Limite	d Liability Comp	pany is:			
Mahaffey Fabri	c Structur	es LLC			
If unavailable, the alternat	e to be used in th	e state of Florida is:			
2. The name and the Flori	da street address	of the registered agent and office are:	Tigg 5		
Regis	tered Age	ent Solutions, Inc.	一直看着工		
		(Name)			
155 C	Office Plaz	a Dr. Suite A			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Tallahas	see	32301 FL			
		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.

Jaciyn vvright, Asst. Secretar

( )

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 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 "MAHAFFEY FABRIC STRUCTURES, 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 NINTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAHAFFEY FABRIC STRUCTURES, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2015.

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

SECURE TABLE OF THE SECURE OF

5696314 8300

150326910

Jeffrey W. Bullock, Secretary of State AUTHENT CATION: 2177865

DATE: 03-09-15

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