

m1500003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

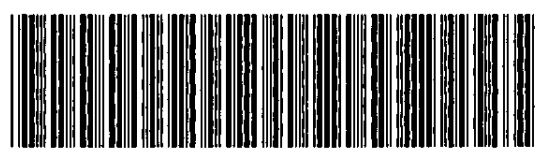
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 MAY -1 P 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHROEDER
5 6 15

Via Federal Express

April 30, 2015

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

Re: Qualify Mobile Salvage Services, LLC in Florida

Dear Sirs:

Please find enclosed our application, Certificate of Existence and check in the amount of \$125.00 to qualify Mobile Salvage Services, LLC in Florida. We have, as of this date, simultaneously made application online to register for sales and use tax with the Florida Dept. of Revenue.

If there is any question regarding this filing, you may contact the undersigned.

Mary Schroeder,
Paralegal
Newell Recycling, LLC
1359 Central AV
East Point, GA 30344
404-766-1621, Ext. 10103
404-559-2476 Fax
mschroeder@newellrecycling.com

Sincerely,



Mary Schroeder,

Paralegal

**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. MOBILE SALVAGE SERVICES, 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.")

2. GEORGIA 3. 47-1552132
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

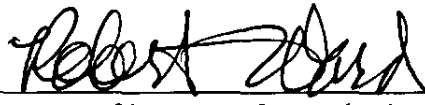
5. 1359 CENTRAL AV
EAST POINT GA 30344
(Street Address of Principal Office)

6. 1359 CENTRAL AV
EAST POINT GA 30344
(Mailing Address)

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

SHARON NEWELL SHIRLEY CEO } 1359 CENTRAL AV
LOUIS E. SHIRLEY JR. PRESIDENT } EAST POINT GA
ROBERT O. WARD V.P. & CFO } 30344

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.)

ROBERT O. WARD V.P. & CFO

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 Limited Liability Company is:

MOBILE SALVAGE SERVICES, 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:

NATIONAL CORPORATE RESEARCH, LTD., INC.
(Name)

155 OFFICE PLAZA DR
Florida Street Address (P.O. Box NOT ACCEPTABLE)

TALLAHASSEE FL 32301
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.

Karen McKown

(Signature)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY - 1 P 3:33

FILED

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 14066862
DATE INC/AUTH/FILED : July 10, 2014
JURISDICTION : Georgia
PRINT DATE : April 30, 2015

CERTIFICATE OF EXISTENCE

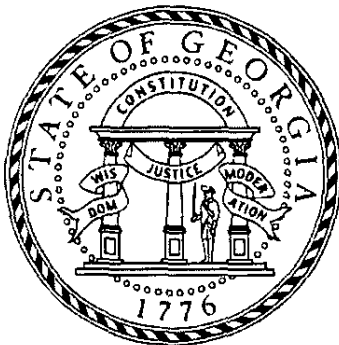
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MOBILE SALVAGE SERVICES, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State