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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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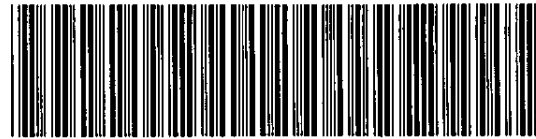
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
15 MAY 13 PM 3:29
DIVISION OF CORPORATE AFFAIRS

15 MAY 13 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAM Services 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:

Andra Johnson

Name of Person

LAM Services LLC

Firm/Company

760 Travelers Blvd. Suite (B)

Address

Summerville, South Carolina, 29485

City/State and Zip Code

ajohnson@lamservicesllc.com

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

For further information concerning this matter, please call:

Andra Johnson

843

460-5473

at ()

Name of Contact Person

Area Code

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

Enclosed is 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:

1. LAM Services LLC

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

LAM Service LLC **SC**

(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. South Carolina

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

3. 571130038

(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.

6015 Chester Circle, Suite #113

(Street Address of Principal Office)

6. Jacksonville, Florida 32217

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

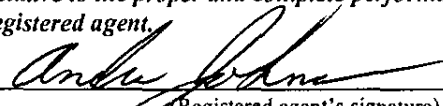
Name: Andra Johnson

Office Address: 6015 Chester Circle Suite #113

Jacksonville, Florida 32217
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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

Jennifer Jennings (Executive Office Manager) 1000 Broward Road Apt. #306 Jacksonville, Florida 32218

Ambr

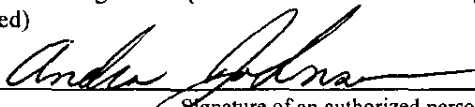
John McMullen Executive Operations Officer 760 Travelers Blvd Suite (B) Summerville, SC 29485

Ambr

Andra Johnson 1317-M N. Main Street #363 Summerville, SC 29483

Ambr

9. Attached is a 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. (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.)

Andra Johnson

Typed or printed name of signee

RECEIVED
STATE
TALLAHASSEE, FLORIDA

15 MAY 13 PM 3:32

APPROVED
AND
FILED

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LAM SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 9th, 2001, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
28th day of October, 2013.


Mark Hammond, Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 13 PM 3:32

APPROVED
AND
FILED