# M1600000173

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900280757209

01/07/16--01018--009 \*\*125.00

FLAS IFIN

2016 JAN -7 AM 9:54

JAN O 8 2016 J. HARRIS

Wolters Kluwer	2075 Centre Pointe Boulevard, Tallah	assee, FL, 32308	850-205-8842
CARSI LLC			
			<u>.</u>
	<del></del>		
			<del></del>
Thank youl			
( ) Profit	() Amendment	() Merger	-
() Nonprofit	()	(7.//0.80	
( ) Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Other	
(X) LLC	() Name Registration	() HGO	
Registration ( ) Certified Copy	( ) Fictitious Name ( ) Photocopies	() UCC () CUS	
( ) common copy	() I notocopies	()665	
() Call When Ready	() Call If Problem		
(x) Walk In	() Will Wait	(x) Pick L	Jр
() Mail Out			
Name	1/7/2016	Order#:	
Availability		980700	7
Document	ST		
Examiner		Ref#:	
Updater			<del></del>
Verifier			
W.P. Verifier		Amount: S	£

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	CARSI LLC		
3004		Limited Liability Company	
The en	closed "Application by Foreign Limited Liability Com	spany for Authorization to Tr renced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence concerning this matter to the	e following:	
	Knox Grant		
		Name of Person	<del></del>
	CARSI LLC		
	F	irm/Company	
	889 ROBERT E LEE BLVD		
		Address	
	CHARLESTON SC 29412		
	City/S	State and Zip Code	
	knoxvgrant@gmail.com		
	E-mail address: (to be use	d for future annual report no	tification)
For fur	ther information concerning this matter, please call:		
	Knox Grant	843 514-42 at()	32
	Name of Contact Person		time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section wilding ecutive Center Circle see, FL 32301
Enclose	t is a check for the following amount:  \$125.00 Filing Fee \$\text{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 AUTHURIZATION TO TRANSACT DUSINESS 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:

CARSI SC, LLC		e "Limited Liability Company," "L.L.C.," or "LLC."	
Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans or "LLC.")	sacting business in Florida. The alternate name must	include "Limited
2. South Carolina	3.	(FEI number, if applicable)	<u></u>
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orda, it prior to registration.) S. to determine penalty liability)	
5. 889 ROBERT E LEE	BLVD CHARLESTON SC 29412		
	(Street Address of Principal	Office)	
6. 889 ROBERT E LEE I	BLVD CHARLESTON SC 29412		
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box		
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	
to complywith the provisi	ons of all statutes relative to the proper ny position as registered agent.	s registered agent and agree to act in this capa and complete performance of my duties, and I	am familiar with and
to complywith the provision accept the obligations of the obligations	ons of all statutes relative to the proper	and complete performance of my duties, and I  Nivole Chaumoncl	am familiar with and Nicole Chouin
to complywith the provision accept the obligations of t	ons of all statutes relative to the proper my position as registered agent.  C T Corporation System  (Registered age	and complete performance of my duties, and I  Niwle Chaumond  int's signature)	am familiar with and Nicole Chouin
to complywith the provision accept the obligations of the obligations of the obligations of the obligations of the obligation of the oblig	ons of all statutes relative to the proper ny position as registered agent. CT Corporation System By:	and complete performance of my duties, and I  Niwle Chroimonel  int's signature)  as/have authority to manage is/are:	am familiar with and Nicole Chouin
to complywith the provision accept the obligations of the obligations of the obligations of the obligations of the obligation of the oblig	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  (Registered agent)  active and address of the person(s) who has	and complete performance of my duties, and I  Niwle Chroimonel  int's signature)  as/have authority to manage is/are:	am familiar with and Nicole Chouin
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be st	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered agenticity and address of the person(s) who has a proper state of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  Signature of an audin accordance with section 605.0203 (1) the Department of State-constitutes a thing to the proper state of the proper section (1) the proper state of the proper section (1) the proper se	and complete performance of my duties, and I  Tiwle Chautenerel  int's signature)  is/have authority to manage is/are:  TON SC 29412  duly authenticated by the official having custody is in a foreign language, a translation of the ce  inhorized person  (b), Florida Statutes, I am aware that any false ird degree felony as provided for in s.817.155, F	Am familiar with and Nicole Chouin Asst. Secretary  y of records in the rtificate under oath
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be st	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered agenticity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature of an autin accordance with section 605.0203 (1)	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Am familiar with and Nicole Chouin Asst. Secretary  y of records in the rtificate under oath
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be st	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered age ucity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature than au  I in accordance with section 605.0203 (1) of the Department of State-constitutes a the Knox Gra	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Nicole Chouin Asst. Secretary  y of records in the retificate under oath  information S.
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently the submitted in a document to	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered age ucity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature than au  I in accordance with section 605.0203 (1) of the Department of State-constitutes a the Knox Gra	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Nicole Chouin Asst. Secretary  y of records in the entificate under oath
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently the submitted in a document to	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered age ucity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature than au  I in accordance with section 605.0203 (1) of the Department of State-constitutes a the Knox Gra	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Nicole Chouin Asst. Secretary  y of records in the retificate under oath  information S.
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently the submitted in a document to	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered age ucity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature than au  I in accordance with section 605.0203 (1) of the Department of State-constitutes a the Knox Gra	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Nicole Chouin Asst. Secretary  y of records in the retificate under oath  information S.
8. The name, title or capa Knox Grant, Manager 88  9. Attached is a certificate jurisdiction under the law of the translator must be sufficiently the submitted in a document to	ons of all statutes relative to the proper my position as registered agent.  CT Corporation System  By:  (Registered age ucity and address of the person(s) who has 9 ROBERT E LEE BLVD CHARLEST  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature than au  I in accordance with section 605.0203 (1) of the Department of State-constitutes a the Knox Gra	and complete performance of my duties, and I  Tiwle Chauthorel  int's signature)  as/have authority to manage is/are:  ON SC 29412  duly authenticated by the official having custod; e is in a foreign language, a translation of the ce  ithorized person  (b), Florida Statutes. I am aware that any false ind degree felony as provided for in s.817.155, Fant	Nicole Chouin Asst. Secretary  y of records in the rifficate under oath  information S.

# 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:

CARSI LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 24th, 2015, 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 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 S.C.Code Ann. §33-44-809, 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 6th day of January, 2016.

Mark Hammond, Secretary of State