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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

16 MR - 7 MILLS

MAR 0 9 2016 S. YOUNG

SUNSHINE CORPORATE FILING OF FLORIDA INC.

£ 1.

3458 Lakeshore Drive Tallahassee, Florida 32312

| (850) 656-4724 | | |
|---|-----------------|----------------|
| Toll Free: 844-541-6792 DATE: 3 / 7 / 6 | ALK IN | 1 |
| ENTITY NAME: DEG Consulting Group, LLC | | |
| | | |
| **PLEASE FILE THE ATTACHED AND RETURN:** | | |
| V Plain Copy | | |
| Certified Copy | | |
| **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE EN | /ΤΙΤ Υ : | * * |
| Document Number: | | 7 |
| Certified Copy of Arts & Amendments | 5 | ECRI LLLA |
| Certificate of Good Standing | R-7 | HASSE |
| **APOSTILLE'/NOTARIAL CERTIFICATION:** | AN 9: 09 | OF STATE |
| COUNTRY OF DESTINATION | 9 | E ACC |
| NUMBER OF CERTIFICATES REQUESTED | ង | |
| TOTAL AMOUNT OWED: 125.00 | | · ••• |
| CHECK NUMBER: | | |
| PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION MATTER. | ON THIS | 3 |
| Thank you! | | |
| Tina Goff, President | | |

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC

SUBJECT: DEG CONSULTING GROUP, LLC

Ref. Number: W16000017055

Colfee

We have received your document for DEG CONSULTING GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00004705

SECRETARY OF STATE

ch

COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | | | |
|--------------------|--|---|--|--|---|--|--------------|
| SUBJE | DEG Consulting G | roup, LLC | | | | | |
| 00001 | | Name of | Limited Liability | Company | | | |
| The end Existen | closed "Application by Force, and check are submitted | reign Limited Liability Com ed to register the above refer | pany for Authoriza enced foreign limi | ntion to Tri ited liabilit | ansact Business in Florida," y company to transact busin | Certificate of the control of the co | of la |
| Please | eturn all correspondence o | concerning this matter to the | : following: | | | | |
| | James C. DeGo | corgc | _ | | | | |
| | Name of Person | | | | | | |
| | DEG Consultir | ng Group, LLC | | | | | |
| | - | F | irm/Company | | | | |
| • | 3207 Long Bot | ilevard | | | | | |
| | | | Address | | | | |
| | Nashville, TN | 37203 | | | | | |
| | | City/S | State and Zip Code | | | 5 | ALC SEC |
| | james.c.degeorge | e@gmail.com | | | | 3 | AHA AHA |
| | | E-mail address: (to be use | d for future annual | report not | lification) | | 885E |
| For furt | ner information concerning | g this matter, please call: | | | | - | |
| | Linda Zoeller | | 615 ni (| 972-58 _) | 71 | 9: 09 | . ORIE |
| | Name o | l Contact Person | Area Code | Day | time Telephone Number | - | D ., |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301 | | Marketon — - |
| Enclosed | is a check for the followi S125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop | | |

TO:

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 COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

| DEG Consulting Group | | | |
|--|---|--|---|
| (Name of For | eign Limited Liability Company; must include | 'Limited Liability Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter a Liability Company," "L.L.C, | " or "LLC.") | cting business in Florida. The alternate name must inc | lude "Limited |
| 2. Tennessee | 3. 8 | 1-1523345 | · |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| 4. N/A | (Date first transacted business in Flori | de II adams a constitution \ | |
| | (See sections 605.0904 & 605.0905, F.S. | to determine penalty liability) | |
| 5. 3207 Long Boulevard | | | |
| Nashville, TN 37203 | | | |
| · · · · · · · · · · · · · · · · · · · | (Street Address of Principal C | (flice) | |
| 6. 3207 Long Boulevard | | | |
| Nashville, TN 37203 | | | = 728 |
| | (Mailing Address) | | ALL AH) |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box) | VOT acceptable) | 第 等 |
| Name: | NRAI Services, Inc. | | TALLAHASSEE, ELORID 16 MAR -7 AM 9: 09 |
| Office Address: | 1200 South Pine Island Road | | 3 |
| Office Address. | Plantation | 33324 | ဲ |
| | (City) | , Florida 33324 (Zip code) | 09 |
| designated in this applica to complywith the provision | gistered agent and to accept service of protion, I hereby accept the appointment as to ous of all statutes relative to the proper at my position as registered agent. NRAL Services, Inc. By: | ocess for the above stated limited liability composegistered agent and agree to act in this capacity and complete performance of my duties, and I am | . I further agree |
| 8. The name, title or capi | (Registered agent Natalie Leiba-Paul - Special Assis acity and address of the person(s) who has/ | ant Sccretary | |
| 3207 Long Boulevard | | | |
| Nashville, TN 37203 | | · | |
| | of which it is organized. (If the certificate abmitted) | nly authenticated by the official having custody o | |
| | Signature of an auth | . • | |
| This document is executed submitted in a document to | f in accordance with section 605,0203 (1) (the Department of State constitutes a third James C. DeGeorge | b), Florida Statutes. I am aware that any false infollogree felony as provided for in s.817.155, F.S. | ornation |
| | James V. Lee ICHIEC | | |

Typed or printed name of signee



STATE OF TENNESSEE Tre Hargett, Secretary of State Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

DEG CONSULTING GROUP, LLC JAMES C. DEGEORGE 3207 LONG BOULEVARD NASHVILLE, TN 37203

February 19, 2016

Request Type: Certificate of Existence/Authorization Request #: 0193920

Receipt #: 002469235

Issuance Date: 02/19/2016

Filing Fee:

Copies Requested:

Document Receipt

Payment-Credit Card - State Payment Center - CC #: 3663633672

\$20.00

Regarding:

DEG Consulting Group, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 02/19/2016

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #: Date Formed:

835430

02/19/2016

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DEG Consulting Group, LLC

- is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 016166322