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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W14-17	264	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2016

LOUIS E. SHIRLEY, III 2288 PEACHTREE RD NW, UNIT #6 ATLANTA, GA 30309

SUBJECT: CS SALVAGE SERVICES, LLC

Ref. Number: W16000017264

We have received your document for CS SALVAGE SERVICES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

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 of your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00005642



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

LOUIS E. SHIRLEY, III 2288 PEACHTREE RD NW, UNIT #6 ATLANTA, GA 30309

SUBJECT: CS SALVAGE SERVICES, LLC

Ref. Number: W16000017264

We have received your document for CS SALVAGE SERVICES, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant for Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00004750

COVER LETTER

	ion of Corporation					201 MAR 18 PM 1: 38				
						₹***IM	л 18	PM 1	: 30	
SUBJECT: _		CS Salvag		 		1. S. 1.34	• • - 34		30	
		Name of	Limited	Liability	Company	VEC EMY		i II ska	. j !!æ .	
		reign Limited Liability Com ed to register the above refer								
Please return a	ll correspondence	concerning this matter to the	followi	ng:						
		Loui	s E. Sh	irley, III.						
		N	ame of l	erson						
	<u>,</u>	CS Salv	age Se	vices, L	LC.					
		F	irm/Con	npany						
	· ····································	2288 Peac	htree R	J NW. U	nit # 6					
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		Atla	nta, GA	. 30309			22	<u>=</u>		
				Zip Code			35	元 2	Erry Ander	
		tony@mo	bilesalv	ageser.c	om		op di men men		aret vines	
		E-mail address: (to be use				tification)		<u>י</u> ־	9	
For further info	ormation concernit	ng this matter, please call:					ORIOA	12: 28		
	Ante	onio Ward	at (404)	680-9401				
	Name	of Contact Person		rea Code	Day	time Telephone	e Numb	ег		
Divisi Regis	LING ADDRESS on of Corporation tration Section				Division Registrat	Γ ADDRESS: of Corporations tion Section	S			
	Box 6327 nassee, FL 32314					Building ecutive Center C see, FL 32301	Circle			
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status		55.00 Fili ied Copy	ng Fee &	□ \$160.00 Fr of Status & C			ficate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ION 605.0902, FLORIDA STATUTE INESS INTHE STATE OF FLORIDA	-	S SUBMITTED:	TO RECESTER A.	FOREIGN L	IMTED LIABILITY
I. (Name of Forci	CS Saiv gn Limited Liability Company; m	rage Services, LL	.C. Liability Compar	iy,""L.L.C.," or	"LLC.")	
(If name mavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpor or "LLC.")	se of transacting bus	inces in Plorida,	The alternate nan	ne must inclu	de "Limited
2. Goo (Jurisdiction under the law o company is organized)	orgia f which foreign limited liability	3	(PBI numb	7-5557830 ber, if applicable)		
4	(Date first transacted busin (See sections 605.0904 & 605	15 less in Florida, if pric 5.0905, F.S. to deten	or to registration.)	lity)	-	
5	2288 Peachtree Ro	d NW Unit # 6			-	
6	Atlanta, GA. (Street Address of 2288 Peachtree Rd	Principal Office)	Marie 1		-	
	Atlanta, GA.	. 30309 Address)			- ALL	200
7. Name and atreet address	of Florida registered agent: (P	O. Box NOT acc	coptable)			3
Name:	National Corporate Res	search, Ltd., Inc	-		ASS ASS	1 24
Office Address:	115 North Calhoun S	Street, Suite 4				T III
	Tallahass	68	, Florida	32301 (Zip code)		
aesignatea in inis application to complywith the provision	(City) ince: istered agent and to accept ser on, I hereby accept the appoin as of all statutes relative to the sy position as registered agent.	iment as registere proper and comp	ed agent and agr lete performand VAII	ed limited liabl ree to act in thi ce of my duties	s capacity.	N y Whithe place I further agree
-	(Regist	torod agent's signatu	(Low		• • • • •	
8. The name, title or capaci	ity and address of the person(s)) who has/have aut	hority to manag	e is/are:	\$	
	iriey, III. 2288 Peachtree Rd.		 			
Antonio Wa	ard 2288 Peachtree Rd. NW	Unit #6 Atlanta, C	3A.30309- Acc	ountant		
jurisdiction under the law of of the translator must be sub —	FUON	ertificate is in a for	reign language,	a translation of	the certific	ate under oath
submitted in a document to the	n accordance with section 605. the Department of State constitu-	utes a third degree	ua ouatutes, 1 am felony as provid	laware mat any led for in s.817,	155, F.S.	DALION .
_	Typed or r	Antonio Ward	28			

Control Number: 15106585

STATE OF GEORGIA

Secretary of State

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

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

CS Salvage Services LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

:13014142 :11/05/2015 :Georgia :03/25/2016 :211



B: fl.

Brian P. Kemp
Secretary of State