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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2016

RONALD FIELDS 4152 REDDING COUNTRY ROAD TRINITY, NC 27370

SUBJECT: SOUTHERN REIMAGE CONSULTANTS, LLC

Ref. Number: W16000057157

We have received your document for SOUTHERN REIMAGE CONSULTANTS, 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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 516A00017434

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COVER LETTER

TO:	Registration Section Division of Corporatio	ns					
SUBJI		ge Consultants, LLC					
		Name of l	Limited Liability (Company			
		reign Limited Liability Comp ed to register the above refere					
Please	return all correspondence	concerning this matter to the	following:				
	Ronald Fields						
		N	ame of Person	,			
	Southern Reim	age Consultants, LLC					
		Fi	irm/Company				
	4152 Redding	Country Road					
	***************************************		Address				
	Trinity, NC 27	370					
	***	City/S	tate and Zip Code				
	SRC@triad.rr.co	om					
		E-mail address: (to be use	d for future annua	report not	fication)		
For fu	rther information concerning	ng this matter, please call:				ALL A	16 A≜
	Ronnie Fields	,	336	870-2	261	E A	AUG 24 PM
	Name	of Contact Person	Area Code	Day	time Telephone Num	ber C	324 PM
	MAILING ADDRESS				ADDRESS:	F.ST	<u> </u>
	Division of Corporation Registration Section	S			of Corporations on Section	容当	
	P.O. Box 6327			Clifton B		₩m	<u>3</u>
	Taliahassee, FL 32314			2661 Exe	cutive Center Circle ee, FL 32301		
Enclos	ed is a check for the follow	ving amount:					
	■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filis Certified Copy	•	□ \$160.00 Filing F of Status & Certific		cate

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:

			2,1,11100 2140	ility Company," "L.L.C.," or	LLC. J		
name unavailable, enter al ability Company," "L.L.C,"		e purpose of trai	nsacting business	in Florida. The alternate nam	e must include	"Limite	d
North Carolina		3.	35-2419111				
Jurisdiction under the law company is organized)	of which foreign limited lia	bility 3.	····	(FEI number, if applicable))		
					_		
	(Date first transacte (See sections 605.090	ed business in Fl 4 & 605.0905.	orida, if prior to F.S. to determine	registration.) penalty liability)			
4152 Redding Countr					_		
Trinity, NC 27370							
	(Street Ad	dress of Principa	al Office)		_		
4152 Redding Country	y Road						
Trinity, NC 27370						16	
**-	(Mailing Address	s)		- 5	2	
Name and street address	ss of Florida registered ag	ent: (P.O. Bo	x NOT accepta	able)	<u> </u>	(C)	71
Name:	REGISTERED AGEN	•	л <u>1191</u> иотори			Ť	LI)
Office Address:	3030 N. ROCKY POIN	IT DRIVE, ST	E 150A	_	FL(PH 1:	\Box
	P1 1 2 P 1		•		\subseteq \sim	**	
	TAMPA			, Florida <u>33607</u>		9	
	etance:	(City)		, Florida 33607 (Zip code)	- AGA	_	alaca
aving been named as re signated in this applica complywith the provisi	otance: egistered agent and to ac-	cept service of appointment e to the prope	as registered a	_, Florida 33607 (Zip code) e above stated limited liability gent and agree to act in the performance of my duties	is capacity. I	at the p	agre
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Typed or printed name of signee

Ronald Fields



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SOUTHERN REIMAGE CONSULTANTS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 28th day of July, 2009, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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SECKLIARY OF STATE
TALL ANASSEE FLORIDA





Scan to verify online.

Certification# 99099114-1 Reference# 13315182-LF Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of August, 2016.

Elaine I. Marshall

Secretary of State