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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:		Sour	ceMaster, LLC			
	,	Name of	Limited Liability (Сотрапу		
		eign Limited Liability Comp d to register the above refer				
Please return a	Il correspondence c	oncerning this matter to the	following:			
	Tiffany L. Atki	nson				
	· 	N	ame of Person			
	SourceMaster,	LLC				
		F	rm/Company		<u> </u>	
	3505 North Ma	in Street Ma	iling Address: Po	O Box 4027	Crossville, TN	38557
			Address	•		SECT SECT
	Crossville, TN	38555				SEP T
		City/S	tate and Zip Code			ILED 12 PI
	beth.landies@ma	-				
For further infe	ormation concerning	E-mail address: (to be use g this matter, please call:	d for future annual	l report notifi	cation)	NIE NIE
Beth	Landies		931 at (459-4435		
	Name o	f Contact Person	Area Code	Daytir	ne Telephone N	lumber
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314			Division of Registration Clifton Bui	lding itive Center Circ	cle
	heck for the follow 25.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	-	■ \$160.00 Filir of Status & Cer	ng Fee, Certificate tified Copy

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

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!

jame jidavallahle, entet a	ternate name adopted for the purpose of the	anganting huginess in Pla	rida. The alternate nar	ne must Include Wil
تانظ!" "!" "bility Company."	or "CLC")	,	codill traditional and	via: ilimai vitareinia: →Di
Tennessee		81-1322608		
lurisdiction under the law (company is organized)	of which foreign limited liability	(FEI	number, if applicable).
September 1 2016				
	(Date first transacted business in (See sections 605.0904 & 605.0905	Plorida, if prior to registre P.S. to determine penalty	ilioni): g liability)	
1650 Sand Lake Road				五 至 5 6
Oul-ude RY ROOM	······································			CRE
Orlando, FL 32809	(Street Address of Princi	nal Office)		- ARIA
P. O. Box 4027	Autorian Challe and Alvertina	propagations		RY (
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Crossville, TN 38557	(Mailing Addre		·	- 55 +
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	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		¥r. c
Name:	s of Florida registered agent: (P.O. B NRAI Services, Inc.		14a 33324	¥r. €
Name: Office Address:	s of Florida registered agent: (P.O. B NRAI Services, Inc. 1200 South Pine Island Road Plantation (City)		ida. 33324 (Zip code)	¥°. €
Name: Office Address: gistered agent's accepying been named as resignated in this application provision.	s of Florida registered agent: (P.O. B NRAI Services, Inc. 1200 South Pine Island Road Plantation (City)	Flor Fprocess for the above as registered agent an	(Zip vode) e stated limited liab id agree to act in th	illly compony at t is capacity. I fur
Name: Office Address: gistered agent's accepying been named as resignated in this application provision.	s of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) tance: gistered agent and to accept service of the appointment of all statutes relative to the proping position as registered agent.	Flor Fprocess for the above as registered agent an	(ZIp vode) e stated limited liab id agree to det in th mance of my dutles Cristina Lam	illly compony at t is capacity. I fur
Name: Office Address: gistered agent's accepying been named as re liganted in this applications of the	s of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) tance: gistered agent and to accept service of the appointment of all statutes relative to the proping position as registered agent.	Flor f process for the above as registered agent an er and complete perfor	(Zip code) e stated limited liab id agree to act in th mance of my duties Cristina Lam Vice President	illly compony at t is capacity. I fur
Name: Office Address: gistered agent's accepting been named as resignated in this application the obligations of the name, title or cape	s of Florida registered agent: (P.O. B. NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) tance: gistered agent and to accept service of the appointment on of all statutes relative to the proping position as registered agent.	Flor f process for the above t as registered agent an er and complete perfor gent's signature (145) has/have authority to a	(Zip code) e stated limited liable id agree to act in the mance of my duties Cristina Lam Vice President	illly compony at t is capacity. I fur
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of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605,0203 (1) (b), Plorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S.

Tiffany L. Atkinson, Controller



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

BETH LANDIES

BETH LANDIES P O BOX 4027

CROSSVILLE, TN 38557

Request Type: Certificate of Existence/Authorization

Request #:

0212451

Issuance Date: 08/25/2016

Copies Requested:

August 25, 2016

Document Receipt

Receipt #: 002861658

Payment-Credit Card - State Payment Center - CC #: 3681833914

\$20.00 Filing Fee: \$20.00

Regarding:

SourceMaster, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 02/01/2016

Status:

Active

Duration Term:

Perpetual

Business County: CUMBERLAND COUNTY

Date Formed: Formation Locale: TENNESSEE

Inactive Date:

Control #:

CERTIFICATE OF EXISTENCE

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

SourceMaster, 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

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