

M17000001459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

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TALLAHASSEE, FL 32310
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SUFFICIENT FILING

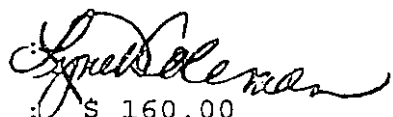
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 466080 4814233

AUTHORIZATION

COST LIMIT : \$160.00



ORDER DATE : January 13, 2017

ORDER TIME : 9:55 AM

ORDER NO. : 466080-020

CUSTOMER NO: 4814233

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301
17 FEB 20 AM 9:05

FOREIGN FILINGS

NAME: SOUTH FLORIDA DISTRIBUTION
CENTER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

January 18, 2017

VIA COURIER

Department of State
Division of Corporations
Section Name
P.O. Box 6327
Tallahassee, FL 32314

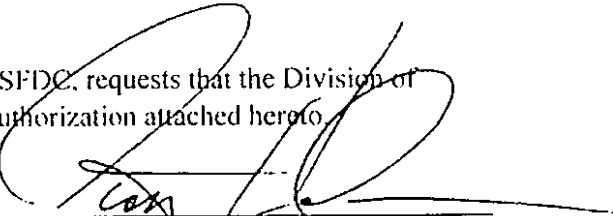
Re: Authorization and Consent to the Use of Similar Name Filing

Dear Sir/Madame:

The undersigned, being the manager and an authorized person of South Florida Distribution Center L.L.C. (File Number: **L16000142002**) ("**SFDC**"), is writing to request that the Division of Corporations accept the application for authorization to transact business in Florida of South Florida Distribution Center, LLC, a Delaware limited liability company, attached hereto, as SFDC has been dissolved with no intention of revoking such dissolution.

On January 13, 2017, the owner of SFDC filed for the voluntary dissolution of SFDC, as evidenced by the attached Florida Certificate of Status. The undersigned, on behalf of the owner of SFDC, certifies that the owner has no intention of revoking the dissolution of South Florida Distribution Center L.L.C. and hereby consents to the use of "South Florida Distribution Center, LLC" as the name of the Delaware limited liability company that is hereby filing for authorization to transact business in Florida pursuant to the application for qualification attached hereto. The undersigned further certifies to being authorized by SFDC to give this consent.

The undersigned, on behalf of the owner of SFDC, requests that the Division of Corporations accepts for filing the application for authorization attached hereto.



Scott Helms, Authorized Person

State of Florida
County of Broward



This instrument was acknowledged before me on 01-25-17 by Scott Helms.
(Date) (Name of Authorized Person)

17 FEB 20 AM 8:05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH FLORIDA DISTRIBUTION CENTER, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CoCo C. Mathis, Paralegal

Name of Person

Morris, Manning & Martin, LLP

Firm/Company

3343 Peachtree Road NE, suite 1600

Address

Atlanta, Georgia 30326

City/State and Zip Code

cmathis@mmmlaw.com

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301
17 FEB 20 AM 8:05

For further information concerning this matter, please call:

jjones@c5ip.com

404
at ()

262.5461

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
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 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:

1. South Florida Distribution Center, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/13/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Promenade, 1230 Peachtree Street, NE Suite 3560
Atlanta, GA 30309-3561
(Street Address of Principal Office)

6. Promenade, 1230 Peachtree Street, NE Suite 3560
Atlanta, GA 30309-3561
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Melissa Zender Asst. Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>C5 SFDC Manager, LLC, Member</u>	<u>Tim Gunter, Chief Executive Officer</u>
<u>Promenade, 1230 Peachtree Street, NE Suite 3560</u>	<u>Promenade, 1230 Peachtree Street, NE, Suite 3560</u>
<u>Atlanta, GA 30309-3561</u>	<u>Atlanta, GA 30309-3561</u>

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Rudi D. Bomar
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Linda Booker
Typed or printed name of signer

17 FEB 20 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTH FLORIDA DISTRIBUTION CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH FLORIDA DISTRIBUTION CENTER, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

17 FEB 20 AM 8:05

RECEIVED
SECRETARY OF STATE
FEB 17 2017




Jeffrey W. Bullock, Secretary of State

6279259 8300

SR# 20170230197

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201871166

Date: 01-13-17