Florida Repartment of State

Corporation

Baroine Fring Cover Steet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001408133)))



H170001408133ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:

SECRETARY OF STATES

Foreign Limited Liability Company SEAMLESS CONTROL LLC

THAY 24 AN 9: 31

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAY 25 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJE	ScamlessControlL	1 C			
301301	A	Name of	Limited Liability Company		
The en-	closed "Application by For ice, and check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," y company to transact busin	Ceruficate of sess in Florida
Please	return all correspondence o	concerning this matter to the	following:		
			្ស់ត្		
		N	ame of Person		
	Firm/Company			⊋v	
	Address				
	Address			CRETARY OF STATE CANASSEE FLORIDA	
	City/State and Zip Code				
	aimee.deluca@s		·		A COLOR
		E-mail address: (to be use	d for future annual report not	tification)	5 gm,
For fur	ther information concernin	g this matter, please call:			ν, -
			at ()	time Telephone Number	
	Name	of Contact Person	Area Code Day	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O Box 6327 Taltahasseo, FL 32314		∰ Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations non Section building secutive Center Circle sec, FL 32301	
Enclose	ed is a check for the follow 5125.00 Filing Fee	ing amount: \$\frac{\mathbb{\mod}\mathba\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ \$155 00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Ce of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (3)

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECUSTER A FOREIGN LUMITED LUMILITY COMPANI TO TRANSACT BUSINESS IN THE STATE OF FLORIDA! Scamless Control LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C.," or "L.C." (If name quavailable, enter alternate name adopted for the purpose of transacting pusiness in Florida. The alternate name must include "Limited Liability Company,""L.L.C," or "LLC.") 2. Delaware 82-1564150, (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 14111 Scotislawn Road, Marysville, OH 43041 (Street Address of Principal Office) 14111 Scottslawn Road, Marysville, OH 43041 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Florida (City) 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 complywith 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. CT Corporation System Kristin Bolden Assistant Secretary (Registered agent's signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: SMG ITO Holdings, Inc., Member 14111 Scottslawn Road, Marysville, OH 43041. 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) gnature 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 follows as provided for in s.817.155, F.S. SMG ITO Holdings, Inc., Member, By: Bernard K. Asirifi, Asst. Secretary

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEAMLESS CONTROL 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 TWENTY-THIRD DAY OF MAY, A.D. 2017.

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

iaw

1000

6409203 8300 SR# 20173911428

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

Authentication: 202586647

Date: 05-23-17