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| (Red | uestor's Name) |
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| (Add | lress) |
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| PICK-UP | WAIT MAIL |
| (Bus | iness Entity Name) |
| (Doc | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to F | Filing Officer: |
| THE MAY 30 PM 5: 00 | |

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SECRETARY OF STATE
ALLAHASSEE, FI ORIO,

JUN 0 1 2017 Y SULKER

COVER LETTER

| TO: Registration Section Division of Corporation | ons ** | | |
|--|--|--|---|
| SUBJECT: Palme | Ho Sound W. Name of I | orks LLC Limited Liability Company | |
| | | | ansact Business in Florida," Certificate o y company to transact business in Florida |
| Please return all correspondence | concerning this matter to the | following: | |
| | Don MCGran | ame of Person | |
| | a/metto Sour | M Works rm/Company | |
| | P.O. Box 1 | 347 | |
| | Spartanburg, | SC 2530 tate and Zip Code | 4 |
| A | | und works . Com I for future annual report no | |
| For further information concerning | ng this matter, please call: | | |
| Dn MGrau Name | of Contact Person | at (764) S8. | 5-0085 time Telephone Number |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET Division Registrat Clifton B 2661 Exe | F ADDRESS: of Corporations ion Section |
| Enclosed is a check for the follows \$125.00 Filing Fee | wing amount: ☐ \$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

| (Name of Foreign Lin | nited Liability Company; must include | "Limited Liability Company | ," "L.L.C.," or "LLC.") |) |
|--|--|--|--|--|
| 50 | e adopted for the purpose of transacting busine | 2 | must include "Limited Lia 57-1103 (FEI num) | |
| | (Date first transacted business in Florida, it (See sections 605,0904 & 605,0905, F.S. t | | | |
| 215 Northeast (Street Address of Prin | (See sections 605.0904 & 605.0905, F.S. t | 6 | D.O. Box (Mailing Add | /347 ress) |
| Spartanburg, | SC 24303 | <i>J</i> | partaubur | , SG 29304 |
| ame and <u>street address</u> o | of Florida registered agent: (P.C | 4 | e) | NY 30 HASSEI |
| Name: | Northwest Registered | Algert, LLC | | |
| Office Address: | 3030 N. Rocky Paint | Dr., Ste 1501 | 4 | STATE ORIGINAL |
| | Tank El | | Florido 334/ | aファ'· 🍑 |
| ng been named as regi. | nce: stered agent and to accept serve in, I hereby accept the appoints | | Zip cod bove stated limited | e) * I liability company at the plac |
| ng been named us regi: nated in this application mply with the provision | nce: stered agent and to accept servi | ice of process for the a ment as registered ager proper and complete p | Zip cod bove stated limited at and agree to act | e) ' I liability company at the plac in this capacity. I further ag |
| nated in this application mply with the provision | nce: stered agent and to accept serving, I hereby accept the appoint is of all statutes relative to the property of my position as registered age. | ice of process for the a ment as registered ager proper and complete p | Zip cod bove stated limited at and agree to act | e) ' I liability company at the plac in this capacity. I further ag |
| ng been named as regionated in this application mply with the provision accept the obligations of he name, title or capaci | nce: stered agent and to accept service, I hereby accept the appointers of all statutes relative to the property of my position as registered agents. (Registered ty and address of the person(s) Name and Address: | ice of process for the a ment as registered ager proper and complete po int. | bove stated limited at and agree to act erformance of my to manage is/are: | e) ' I liability company at the plac in this capacity. I further ag |
| ng been named as reginated in this application mply with the provision accept the obligations of the name, title or capacifite or Capacity: | nce: stered agent and to accept serving, I hereby accept the appoints as of all statutes relative to the property from position as registered agents. (Registered ty and address of the person(s) Name and Address: W. Alan Hulsey | ice of process for the a ment as registered ager proper and complete point. d agent's signature) who has/have authority Title or Ca | bove stated limited at and agree to act erformance of my to manage is/are: | l liability company at the plac in this capacity. I further ag duties, and I am familiar wit |
| ing been named as regi- enated in this application mply with the provision accept the obligations of he name, title or capaci Title or Capacity: | nce: stered agent and to accept serving, I hereby accept the appoints as of all statutes relative to the property from position as registered agents. (Registered ty and address of the person(s) Name and Address: W. Alan Hulsey | ice of process for the a ment as registered ager proper and complete point. d agent's signature) who has/have authority | bove stated limited at and agree to act erformance of my to manage is/are: | l liability company at the plac in this capacity. I further ag duties, and I am familiar wit |
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| ing been named as registrated in this application in this application in the provision accept the obligations of the name, title or capacititle or Capacity: Comparison C | nce: stered agent and to accept serving. I hereby accept the appoints as of all statutes relative to the property of my position as registered agents. (Registered ty and address of the person(s) Name and Address: W. Alan Hulsey 215 Northeest Southered Ty) Texistence, no more than 90 day which it is organized (If the ce | ice of process for the a ment as registered ager proper and complete point. d agent's signature) who has/have authority Title or Ca | to manage is/are: | I liability company at the place in this capacity. I further against duties, and I am familiar with the same and Address: Name and Address: |

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

PALMETTO SOUND WORKS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on March 14th, 2000, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of May, 2017.

Mark Hammond, Secretary of State