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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (800)345-4647 Phone : (800)432-3622 Fax Number

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# Foreign Limited Liability Company R2R STUDIO, LLC

| Certificate of Status | 0      |
|-----------------------|--------|
| Certified Copy        | 01     |
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AUG 0 7 2017

Scott E. Osborn

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A PORFICIA LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. R2R Studio, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If name usevailable, enter alternate name adopted for the purpose of treasecting bosiness in Florida. The elements rame recut facility Company," "LLC," or "LLC,") 3. 20-1498922 (Jurisdiction under the low of which foreign limited liability company is organized) (PE number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0005, F.S. to determine penalty liability) 17 AUG -4 AH 9: 52 5. 2575 Willow Point Way 6. 2575 Willow Point Way (Street Address of Principal Office) (Mailing Address) Suite 105 Suite 105 Knoxville, TN 37931 Knoxville, TN 37931 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 E. Park Ave., 2nd FL Office Address: Tallahassee , Florida \_ 32301 (City) Registered agent's accoptance: 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 om familiar with Kim Tadlock, Asst Sect on behalf of and accept the obligations of my position as registered agent. Lim Tadlock Assi Sect on benefit (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Chief Manager Scott E. Osborn 2575 Willow Point Way, Stell Knoxville, TN 37931 (Use attachments if necessary) 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) 10. 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 De Institutes a third degree felony as provided for in s.817.155, F.S. Signature of an arthorized person

Typed or printed masse of signer



## **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### SCOTT OSBORN

105

2575 WILLOW POINT WAY KNOXVILLE, TN 37931

Request Type: Certificate of Existence/Authorization

0245157

Issuance Data: 07/21/2017

Copies Requested:

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Regarding:

Request #:

R2R STUDIO, LLC

Fliing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 09/09/2004

Status:

Active Perpetual

Duration Term: **Business County: KNOX COUNTY** 

Control # Date Formed: 477259

09/09/2004

July 21, 2017

\$20.00

\$20.00

Formation Locale: TENNESSEE

Inactive Date:

### CERTIFICATE OF EXISTENCE

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

## R2R STUDIO, 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 filed the most recent annual report required with this office;
- \* 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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