Division of Corporations **Electronic Filing Cover Sheet**

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

(((H17000238610 3)))



H170002386103ABC

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

Tc:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:__

Foreign Limited Liability Company

SVS LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

SEP 0 6 2017

Y SULKER

±,	COVER LETTER
TO: Registration Section Division of Corporations	
SVS LLC SUBJECT:	
Name	e of Lunited Liability Company
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above re	company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please return all correspondence concurning this matter to	the following:
Anna-Marie Fortest	
	Name of Person
SV\$ LLC	
	Firm/Company
13034 Ballantyne Corporate Place	
	Address
Charlette, NC 28277	
Cit	ty/Stute and Zip Code
anna-marie_forrest@premierinc.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Anna-Marie Forrest	704 . 816-4662 at ()
Name of Contact Person	at () 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
Finclosed is a check for the following amount: [] \$125,00 Filing Fee	& 🗆 \$155.00 Filing Fee. & 🗀 \$160.00 Filing Fee, Certificate Certified Copy 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 POREIGN, LIMITED LIABILITY

1. SVS LLC	USINESS IN THE STATE OF FLORIDA:			
(Name of For	vign Limited Liability Company; must include "	Limited Limitity Company," L.L.C.," or	'UCC:"\""	
SVS LLC of North Carol		, , , , , , , , , , , , , , , , , , , ,		
(If name unavailable, enter a Liability Company," "L.L.C.	lternate name adopted for the purpose of transac." or "LLC.")	ting business in Florida. The alternate name	e must include "Limited	
2. North Carolina	3.			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4				
	(Date this transacted business in Florid (See sections 605.0904 & 605.0905, F.S. (a, if prior to registration.)		
5. 13034 Ballantyne Cor	porate Place, Charlotte, NC 28277			
	(Street Address of Principal Of	lice)		
6. 13034 Ballantyne Corp	porate Place, Charlotte, NC 28277			
			- ·) 1
	(Mailing Address)		 	j .
7. Name and street addres	s of Florida registered agent: (P.O. Box. No.	QT_acceptable)	SS: 67) : ·
Name:	C T Corporation System		A.	-
Office Address:	1200 South Pine Island Road			(-
	Plantation	Florida 33324	# F	•
	(City)	, Florida 33324 (Zip code)	· · · ·	
lesignated in this application complywith the provision of a comply the obligations of a	gistared agent and to accept service of procition, I hereby accept the appointment as reans of all statutes relative to the proper and my position as registered agent. CT Constation System 13y:	gistered agent and agree to act in this I complete performance of my duties,	capacity, I further a and I am familiar wit	gree th and
	(Registered agent's	signature) Thomas Ana	derson,	
8. The name, title or capa	city and address of the person(s) who has/he	signature) Thomas And ave authority to manage is/are: As Manager	ssistan	+,
	tyne Corporate Place, Charlotte, NC 28277	Manager	SOCVA	Har
Kelli Price-13034 Ballatyı	ne Corporate Place, Charlotte, NC 28277	Manager		
Oraig McKasson-13034 B	aliatyne Corporate Place, Charlotte, NC 282	277 Manager		
				
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) Art Vignature of an authority			
This document is executed ubmitted in a document to	in accordance with section 605,0203 (1) (b), the Department of State constitutes a third d	Florida Statutes. I am aware that any fi legice felony as provided for in s.817.1:	alse information 55, F,S,	
	Anna-Marie Forrest	, ,		

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SVS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of September, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Paleigh, this 27th day of June, 2017.

Secretary of State

6 laine I. Marshall

Certification# 100843553-1. Reference# 13914929-. Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification