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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	 Filing Officer:	
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O SIMMONS SEP 29 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 835739 8145412
HORIZATION: SQN A CENTRAL AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 26, 2017

ORDER TIME : 3:39 PM

ORDER NO. : 835739-001

CUSTOMER NO: 8145412

FOREIGN FILINGS

NAME: TENAX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
Tenax, LLC	
SUBJECT: Name of Li	mited Liability Company
The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referer	iny for Authorization to Transact Business in Florida,* Certificate of need foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the f	ollowing:
Jeffery Parker	
Na	me of Person
Fir	m/Company
PO Box 510402	
	Address
Melbourne Beach, FL, 3295	1
City/S	tate and Zip Code
jeff@parkerfl.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
	at ()
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, Fl. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32801
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{\text{S125.00}} \text{Filing Fee} & \Boxed{\text{Certificate of Status}} \end{align*} Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Stands & Certified Copy

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

IN COMPLIANCE WITH SECTION (05/0/02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Tenax, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter ahernate name adopted for the purpose of transacting business in Florida. The ahernate name tract include "Limited Limiting Company," (L.L.C." or "LLC.") 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign hitsted liability company is organized) (Date first transacted basiness in Florida, if prior to registration.) (See sections 6053984 & 60539805, F.S. to determine penalty lixibility) 6. P.O.Box 510402 5. 211 Ash Ave. (Mailing Address) (Street Address of Principal Office) Melbourne Beach, FL, U\$, 32951 Melbourne Beach, FL, US, 32951 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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 ugent 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. 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: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Jeffery Parker Member P.O. Box 510407 MELBOURNE BEACHTE 32951 (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) Signature of an authorized person 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jeff Parker Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TENAX, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TENAX, LLC" WAS FORMED ON THE TWENTIETH DAY OF JULY, A.D. 2017.

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



Authentication: 203303006

Date: 09-27-17

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