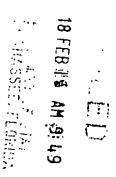
118000001724

		
(Rec	uestor's Name)	
(Add	dress)	
(/ 100	11033)	
(Add	dress)	
	•	
(City	//State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
		— ,
/Dus	siness Entity Nam	20)
(Du:	siness Entity Nan	ie)
(Doc	cument Number)	
(44)	,	
Certified Copies	Certificates	of Status
Special Instructions to F	Filina Officer:	
'	5	
_		
INN 8	-125	544 1
		- i - i
	Office Use Oni	ly



700308536607

02/05/18--01024--003 **180.00



FEB 1 9 2018 Y SULKER



February 7, 2018

THOMAS E GODDARD 3721 POWERS COURT CHATTANOOGA, TN 37416

SUBJECT: DIVCO DATA LLC Ref. Number: W18000012549

We have received your document for DIVCO DATA LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00002664

Yasemin Y Sulker Regulatory Specialist II

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S				
SUBJECT:	DIVERSIFIED COM	MPANIES, LLC				
		Name of I	Limited Liability (Company		
					nsact Business in Florida," Co- company to transact business	
Please return	all correspondence c	oncerning this matter to the	following:			
	THOMAS E GO	ODDARD				
		N:	nme of Person		· · · · · · · · · · · · · · · · · · ·	
	DIVERSIFIED	COMPANIES, LLC				
		Fi	rm/Company		.	
	3721 POWERS	COURT				
			Address		· · ·	
	CHATTANOO	GA, TENNESSEE 37416				
		City/St	ate and Zip Code			
	TGODDARD@L	DIVCOMPANIES.COM				
		E-mail address: (to be used	l for future annual	report not	ification)	
For further in	iformation concerning	g this matter, please call:				
ТН	OMAS GODDARD		423 at (499-05	10	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations eistration Section Box 6327 lahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow: 3125.00 Filing Fee	ing amount: \$\Boxed{\Boxesia} \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finance unavailable, enter atternate n	ame adopted for the purpose of transacting business in I	Elorida. Decalternate n	rome most include "Limited Lie	ability Company ""1 1 C " or "11C	,
				and company. Table, is taken	,
(Jurisdiction under the law of w	EE hich foreign limited liability company is organized)	3. <u>62-1</u>	(FEI num	nber, if applicable)	
	. , , .				
·	(1) the tiest temperatured by violate in Floreste, if notice	to reputation)			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	rmine penalty liability)			
3721 POWERS COUF	et	6. <u>SAM</u>	IE		
(Street Address of I CHATTANOOGA, TY			(Mailing Add	dress)	
	V 27 11 0				
			• •		
N:		NOT	11.		
. Name and street addres	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> accepts	anie)	76 - 76	
Name:	REGISTERED AGENTS, INC		_	FEB.	
Office Address:	3030 ROCKY POINT DR. SUITE 1:	50A		: : : B	
Office Address.			-		•
	(4) (3) .		22125	"D	
esignated in this applica	gistered agent and to accept service of tion, I hereby accept the appointment	as registered a	gent and agree to act	d liability company at the t in this capacity. Of furth	er ag
laving been named as re esignated in this applica o comply with the provisi	(City) tance: gistered agent and to accept service of	as registered a	e above stated limited gent and agree to act	d liability company at the t in this capacity. Of furth	er agi
laving been named as re esignated in this applica o comply with the provisi	(City) itance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope to f my position as registered agent.	as registered ag er and complete	e above stated limited gent and agree to act	d liability company at the t in this capacity. Of furth	er agi
laving been named as re esignated in this applica o comply with the provisi	(City) stance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope	as registered ag er and complete	e above stated limited gent and agree to act	d liability company at the t in this capacity. Of furth	er agi
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation. 8. The name, title or capa	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who	as registered ager and complete ('s signature) has/have author	e above stated limited gent and agree to act e performance of my ity to manage is/are:	d liability company at the t in this capacity. Of furth duties, and I am familia.	er agi
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation.	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope to of my position as registered agent. (Registered agent	as registered ager and complete ('s signature) has/have author	e above stated limited gent and agree to act performance of my	d liability company at the t in this capacity. Of furth	er agi
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation. 8. The name, title or capa	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson	as registered ager and complete ('s signature) has/have author	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	d liability company at the t in this capacity. Of furthe duties, and I am familia. Name and Address: Thomas Goddard	er agi
laving been named as reesignated in this applica ocomply with the provisond accept the obligation. 3. The name, title or capa Title or Capacity:	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson 3721 Powers Court	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	Name and Address: Thomas Goddard 3721 Powers Court	er ag r with
laving been named as reesignated in this applica ocomply with the provisond accept the obligation. 3. The name, title or capa Title or Capacity:	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	d liability company at the t in this capacity. Of furthe duties, and I am familia. Name and Address: Thomas Goddard	er ag r with
laving been named as reesignated in this applica ocomply with the provisond accept the obligation. 3. The name, title or capa Title or Capacity:	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson 3721 Powers Court	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	Name and Address: Thomas Goddard 3721 Powers Court	er ag r with
laving been named as reesignated in this applicate occupily with the provisor and accept the obligation. B. The name, title or capa Title or Capacity: OWNER	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson 3721 Powers Court Chattanooga TN 37416 David McCully 3721 Powers Court	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	Name and Address: Thomas Goddard 3721 Powers Court	er ag r with
laving been named as reesignated in this applicate occupily with the provisor and accept the obligation. B. The name, title or capa Title or Capacity: OWNER	ctance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson 3721 Powers Court Chattanooga TN 37416 David McCully	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	Name and Address: Thomas Goddard 3721 Powers Court	er ag r with
laving been named as resignated in this applicate occupily with the provisional accept the obligation. B. The name, title or capa Title or Capacity: OWNER	ctance: registered agent and to accept service of tion, I hereby accept the appointment tions of all statutes relative to the property of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: John Dawson 3721 Powers Court Chattanooga TN 37416 David McCully 3721 Powers Court Chattanooga, TN 37416	as registered ager and complete ('s signature) has/have author Title or	e above stated limited gent and agree to act performance of my ity to manage is/are: Capacity:	Name and Address: Thomas Goddard 3721 Powers Court	er ag r with

Typed or printed name of signee

YOSAKATKHQI

Signature of an authorized person



Division of Business Services **Department of State**

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

THOMAS GODDARD

3721 POWERS COURT CHATTANOOGA, TN 37416 February 19, 2018

Request Type: Certificate of Existence/Authorization

0267085

Issuance Date: 02/19/2018

Copies Requested:

Document Receipt

Receipt #: 003828312

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3722158114

\$20.00

Regarding:

Request #:

DIVERSIFIED COMPANIES, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 06/02/1999

Status:

Active

Duration Term;

Perpetual

Business County: HAMILTON COUNTY

Control #:

371763

Date Formed:

06/02/1999

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

DIVERSIFIED COMPANIES, 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, interest, 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

Processed By: Cert Web User

Verification #: 026485229