M18 000003698

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:

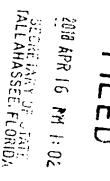




700311672437

04/17/18--01004--012 **125.00

RECEIVED
APR 1 6 2018



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Global Prisoner Services, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Ryan Whitten
Wame of Person
Global Prisoner Services, LLC
Firm/Company
P.O. Box 40644
Address
Nashville, TN 37204
City/State and Zip Code
rwhitten alpha prisoner com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Whitten a. 615 481-2139
J Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy Certifie

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 FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. 6000 CISONEY SCYVICES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, outer afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C.") 2. Tennessee 3. 47-152-4882 (Iffinance in the company is organized) (Iffinance in a substance name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C.")
4. 4-4-17
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5
STE 124 Nashville, TN 37204 Nashville, TN 37217
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Kegistered Agents Inc.
Office Address: 3030 N. Kocky Hoint Dr., STE ISDA
Tampa, Florida 33604 Tampa
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 am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address:
FL Office Manager Beverly Jones 7320 East Fletcher Am Tampa, FL 33637
(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 605.0303 (1) (2) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a fairly segret felony as provided for in s.817.155, F.S.
Signature of an authorized person Ryan J. W. Hen Typed or printed name of signee



Division of Business Services Department of State

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

GLOBAL PRISONER SERVICES, LLC

1814 BEECH AVE NASHVILLE, TN 37203 April 13, 2018

Request Type: Certificate of Existence/Authorization

Issuance Date: 04/13/2018

Request #:

0273530

Copies Requested:

Receipt #: 004030521

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3727324523

\$20.00

Regarding:

GLOBAL PRISONER SERVICES, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/07/2014

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

767268

Date Formed:

08/07/2014

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

Document Receipt

GLOBAL PRISONER SERVICES, 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 not 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 #: 027371430