Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000138208-3))) -



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number: 120070000160 : (800)494-3124 Phone

Fax Number : (305)675-2811

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

Statemen Sp. Email Address:

Foreign Limited Liability Company NRS SYSTEMS, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY	W Valiantianiaatian	TO THE ANGACT DISTRICCS
		I TO I RANGACI BUSINESS
IN FLORIDA		
	0 ·	U40000420200 2

H18000138208 3

IN COMPLIANCE WITH SECTION 605.0902, F	LORIUM STATUTES, THE FOLLOWING	I IS SUBMITTED TO	REGISTER A FOREIGN	LIMITED I	JABILITY
COMPANYTO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:	•			

(Name of Foreign	LLC Limited Liability Company; must include "Limitec	Linbility Company ""L. L.C. " or "LLC.	")		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		y.(•		
ame unnvellable, enter afternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternaty mone must include "Limited L	inbility Compe	my," "↓.↓.(or "LLC.")
GEORGIA		3. 82-4349433			
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	(FE) no	aber, if applica	eble)	<u> </u>
	(Date first transacted business in Florids, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration) nu penalty hability)			
1720 EPPS BRIDG	E PARKWAY, STE 108	6. 1720 EPPS BRIDGE	PARKW	AY, ST	E 108
(Street Address of F	Principal Office)	(Mailing Ac	karess)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
ATHENS, GEORGIA	A 30606	ATHENS, GEORGIA	30606		17
				1 2 :	
				(A)	1
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)			ki.
Name:	A1A REGISTERED AGENT INC.			<u>,</u> (1472
wante.				[1] [1] [1]	<u>.</u>
Office Address:	5647 110TH AVENUE N			,- 1 m	Ω
	ROYAL PALM BEACH	, Florida 33411			
	(City)	// (Zip o	ode)		
	ions of all statutes relative to the proper is of my position as registered agent	s registered agent and agree to ac and complete performance of m			
	ions of all statutes relative to the proper	and complete performance of m			
d accept the obligation. The name, title or caps	ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who ha	and complete performance of m	y duties, a	nd I am	: familiar
d accept the obligation.	ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's	and complete performance of m	y duties, a		: familiar
d accept the obligation. The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who has Name and Address: JAMES PHILPOT	and complete performance of m	y duties, a	nd I am	: familiar
The name, title or capa	ions of all statutes relative to the proper is of my position as registered agent (Registered agent) (Registered agent's acity and address of the person(s) who has Name and Address:	and complete performance of m	y duties, a	nd I am	: familiar
The name, title or capa	acity and address of the person(s) who has Name and Address: JAMES PHILPOT 1770 EPPS BRIDGE PARKWAY, STE 108	and complete performance of m	y duties, a	nd I am	: familiar
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d accept the obligation. The name, title or capa Title or Capacity: AMBR	ions of all statutes relative to the proper is of my position as registered agent. (Registered agent) (R	and complete performance of m	y duties, a	nd I am	: familiar
The name, title or capa Title or Capacity: AMBR Jac attachments if necess Attached is a certificate risdiction under the law	acity and address of the person(s) who ha Name and Address: JAMES PHILPOT 1770 EPPS GRIDGE PURGMAY, STE 108 ATHEMS, GEORGIA 30004	and complete performance of my signature) is/have authority to manage is/are: Title or Capacity; duly authority to the official	Name	e and A	ddress:
The name, title or capa Title or Capacity: AMBR Jsc attachments if neces	acity and address of the person(s) who ha Name and Address: JAMES PHILPOT 1770 EPPS GRIDGE PURGMAY, STE 108 ATHEMS, GEORGIA 30004	and complete performance of my signature) is/have authority to manage is/are: Title or Capacity; duly authority to the official	Name	e and A	ddress:
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The name, title or caparity: Title or Capacity: AMBR Jac attachments if neces Attached is a certificate risdiction under the law the translator must be s	acity and address of the person(s) who ha Name and Address: JAMES PHILPOT 1770 EPPS GRIDGE PURGMAY, STE 108 ATHEMS, GEORGIA 30004	duly authority to manage is/are: Title or Capacity; duly authority to manage is/are: Title or Capacity; duly authority to manage is/are: A (1) (b), Florida Statutes, 1 am aw	Name	e and Ade	ddress:
The name, title or caparity: Title or Capacity: AMBR Jac attachments if neces Attached is a certificate risdiction under the law the translator must be s	Registered agents (Registered agents of my position as registered agents (Registered agents) acity and address of the person(s) who has Name and Address: JAMES PHILPOT 1770 EPPS BRIDGE PARKWAY, STE 108 ATHEMS, GEORGIA 30608 SSRITY) c of existence, no more than 90 days old, of which it is organized. (If the certificat submitted) Suprature couted in accordance with section 605.020; of the Department of State constitutes a the	duly authority to manage is/are: Title or Capacity; duly authority to manage is/are: Title or Capacity; duly authority to manage is/are: A (1) (b), Florida Statutes, 1 am aw	Name	e and Ade	ddress:

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STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30324-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

NRS Systems, L 📆
a Domestic Limited Limbility Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transport business in this state.

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Docket Number : 15772285 Date Inc/Auth/Filed; 02/28/2018 Jurisdiction : Georgia Print Date : 05/02/2018 Form Number : 211

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Brian P. Kemp Secretary of State H18000138208 3