

M18000007229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS  
AUG 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2018

KIMBERLY CARTER  
PO BOX 9848  
SAVANNAH, GA 31412-0048

SUBJECT: SMART NETWORK SOLUTIONS, LLC  
Ref. Number: W18000066657

We have received your document for SMART NETWORK SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 618A00014997



HunterMaclean

Attorneys at Law

200 E. Saint Julian Street

Post Office Box 9848

Savannah, GA 31412-0048

KIMBERLY O. CARTER, RP  
REGISTERED PARALEGAL

Phone: 912-231-2975

Fax: 912-236-4936

[www.huntermaclean.com](http://www.huntermaclean.com)

[kcarter@huntermaclean.com](mailto:kcarter@huntermaclean.com)

July 11, 2018

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

Re: Smart Network Solutions, LLC

Dear Sir or Madam:

Enclosed please find an original and one (1) additional copy of **Application by Foreign Corporation for Authorization to Transact Business in Florida** (the "Application") and accompanying **Certificate of Existence** for **Smart Network Solutions, LLC**, a North Carolina corporation. **Please note that the registered agent's signature is on the second duplicate copy of the Application.** We are also enclosing our firm's check in the amount of \$125.00 for the fee to file the Application after you have accepted the Application for filing.

Please return to our office, in the enclosed self-addressed pre-paid Federal Express envelope, a stamp file copy of the Application.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly O. Carter". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kimberly O. Carter, RP®  
Paralegal to Kirby Mason

Enclosures

**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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SMART NETWORK SOLUTIONS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. North Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

5. 5310 US Hwy 41 N., Unit 117

(Street Address of Principal Office)

Palmetto, Florida 34221

6. Post Office Box 1647

(Mailing Address)

North Myrtle Beach, South Carolina 29598

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: \_\_\_\_\_

C T Corporation System

Office Address: \_\_\_\_\_

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

**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 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:

Manager

Chris Packer

Post Office Box 1647

North Myrtle Beach, SC 29598

(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 605.0203 (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.

\_\_\_\_\_  
Signature of an authorized person

Chris Packer

\_\_\_\_\_  
Typed or printed name of signer

FILED  
MAR - 8 PM 12:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SMART NETWORK SOLUTIONS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. North Carolina  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5310 US Hwy 41 N., Unit 117  
(Street Address of Principal Office)  
Palmetto, Florida 34221

6. Post Office Box 1647  
(Mailing Address)  
North Myrtle Beach, South Carolina 29598

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

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(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:
Manager	Chris Packer Post Office Box 1647 North Myrtle Beach, SC 29598		

(Use attachments if necessary)

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(Signature of an authorized person)

Chris Packer

(Typed or printed name of signer)

FILED  
AUG -6 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

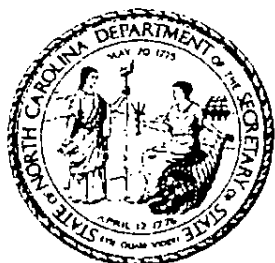
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

#### SMART NETWORK SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of December, 2017, 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 Raleigh, this 22nd day of June, 2018.

*Elaine F. Marshall*

Secretary of State