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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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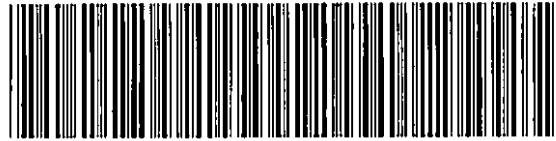
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 AUG - 7 PM 3:05  
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K. SALY  
AUG - 7 2018

FILED  
2018 AUG - 7 PM 3:27  
RECEIVED  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CMS Telecom 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:

Chris Brown

\_\_\_\_\_  
Name of Person

CMS Telecom Services, LLC

\_\_\_\_\_  
Firm/Company

4747 N Nob Hill Rd, Unit 3

\_\_\_\_\_  
Address

Sunrise, FL 33351

\_\_\_\_\_  
City/State and Zip Code

hitfive@msn.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Brown

904

894-8947

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. CMS Telecom Services, 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. TN 3. 83-1361749  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 8/1/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4747 N Nob Hill Rd. Unit 3 6. 4747 N Nob Hill Rd. Unit 3  
(Street Address of Principal Office) (Mailing Address)  
Sunrise FL, 33351 Sunrise FL, 33351

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

Name: Chris Brown

Office Address: 4747 N Nob Hill Rd. Unit 3  
Sunrise, Florida 33351  
(City) (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.*

Chris Brown  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner</u>	<u>Sam Isbell</u> <u>1008 Spruce Ridge Ln</u> <u>Spring Hill TN, 37174</u>	<u>Owner</u>	<u>Chris Brown</u> <u>2329 NW 189th Ave</u> <u>Pembroke Pines FL, 33029</u>
<u>Owner</u>	<u>Matt Isbell</u> <u>11117 Lebanon Rd</u> <u>Mt Juliet TN, 37122</u>		

(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.

Chris Brown  
(Signature of an authorized person)

Chris Brown  
(Typed or printed name of signer)

FILED  
AUG -7 PM 3:27



Tre Hargett  
Secretary of State

FILED

2018 AUG -7 PM 3:28

SE TERRY LA SANTI  
AS SECRETARY

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

CHRIS BROWN  
CHRIS BROWN  
UNIT 3  
4747 N NOB HILL RD  
SUNRISE, FL 33351

July 31, 2018

**Request Type: Certificate of Existence/Authorization**

Request #: 0284545

Issuance Date: 07/31/2018

Copies Requested: 1

**Document Receipt**

Receipt #: 004216243

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3736437497

\$20.00

**Regarding: CMS Telecom Services, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 976301

Formation/Qualification Date: 07/26/2018

Date Formed: 07/26/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

**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

**CMS Telecom 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 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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