M18000007791

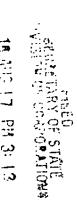
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Charles Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800316134018

08/17/18--01023--010 **125.00



AUG 2 4 2018 D CUSHI**N**G

COVER LETTER

TO;	Registration Section Division of Corporati	ons				
SUBJI	Objective GI, LLC					
C/ C/ L///		Name of	Limited Liability	Company	-	
The en Exister	closed "Application by Fonce, and check are submit	oreign Limited Liability Com ted to register the above refer	pany for Authoriz renced foreign lim	ation to Transact Business in Florida. ited liability company to transact busi	." Certificate of iness in Florida.	
Please	return all correspondence	concerning this matter to the	e following:			
	Colleen Hak	e				
		N	ame of Person		_	
	Objective GI,	LLC				
	Firm/Company					
	9426 Weatherly Drive					
	Address					
	Brentwood T	N 37027				
		City/S	State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-	
	colleen.hoke@	objectivegi.com				
		E-mail address: (to be use	d for future annua	l report notification)		
For fur	ther information concerni	ng this matter, please call:				
	Colleen Hoke		425 at (260 1131	A60 17	
	Name	of Contact Person	Area Code	Daytime Telephone Number		
	MAILING ADDRESS Division of Corporation 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	STATIONS 3: 13	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy	ng Fee & ☐ \$160.00 Filing Fee, C of Status & Certified Co		

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:

	the adopted for the purpose of ithinsacting dustriess in	l'ionus. The atternate name must include "Limit	ted Liability Company," "L.1, C," or "LLC,")
Tennessee	, , , ,	3. 82 -4 039410	,
	ich foreign limited liability company is organized)	5(FE	I number, if applicable)
8/1/2018			
•	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905; F.S. to deter	to registration) rmine penalty liability)	
9426 Weatherly Drive	2	6. 9426 Weatherly Driv	re
(Street Address of P Brentwood TN 37027	nneipal Office)	(Mailin	ng Address)
Brentwood TN 37027		Brentwood TN 3702	<i>!</i>
Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Cogency Global Inc.		
Office Address:	115 North Calhoun Street, Suite 4		
Office Address.			
Office Address.	Tallahassee (Leon County)	Florida 32301	
egistered agent's accep aving been named as re signated in this applicat comply with the provisi	(City) Ance: gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent.	f process for the above stated lin as registered agent and agree to er and complete performance of	in code) nited liability company at the place of act in this capacity. I further ag f my duties, and I am familiar, with
egistered agent's accep aving been named as re ssignated in this applicat comply with the provisi	(City) Ance: Sistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the prop	f process for the above stated lin as registered agent and agree to er and complete performance of	in code) nited liability company at the place of act in this capacity. I further ag f my duties, and I am familiar, with
egistered agent's accep laving been named as re esignated in this applicate comply with the provisi and accept the obligations	(City) Ance: gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent.	f process for the above stated line as registered agent and agree to er and complete performance of AAAT. Lecustowy of signature)	nited liability company at the place act in this capacity. I further ago my duties, and I am familiar, with
egistered agent's acceptoring been named as resignated in this applicate comply with the provising accept the obligations. The name, title or capa	(City) (ance: gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the propi of my position as registered agent. (Registered agent city and address of the person(s) who	f process for the above stated line as registered agent and agree to er and complete performance of signature) has/have authority to manage is/a	nited liability company at the place of act in this capacity. I further ago my duties, and I am familiar, with the capacity.
egistered agent's accepaving been named as resignated in this application of accept the obligations. The name, title or capa	cance: gistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. College Hoke Co	f process for the above stated line as registered agent and agree to er and complete performance of Signature) As I. Securitory As Signature has/have authority to manage is/a Title or Capacity:	mited liability company at the place of act in this capacity. I further age my duties, and I am familiar, with the capacity of
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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

COLLEEN HOKE

9426 WEATHERLY DRIVE BRENTWOOD, TN 37027

August 9, 2018

Request Type: Certificate of Existence/Authorization

Request #:

0285648

Issuance Date: 08/09/2018

Copies Requested:

Receipt #: 004234355

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3737252492

\$20.00

Regarding:

Objective GI, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

941747

Formation/Qualification Date: 01/17/2018

Date Formed:

01/17/2018

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

Document Receipt

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Objective GI, 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.

Secretary of State

Processed By: Cert Web User

Verification #: 029026523