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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE10/16/20	<u> 18</u>		
		**WALK	[N##
ENTITY NAME_	SOUTHERN STATES CHASSIS POOL, LLC		
			
DOCUMENT NUN	1BER	2013	
	PLEASE FILE THE ATTACHED AND RETURN	0000	
XXX	Plain Copy	₽ . 	
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION **		
COUNTRY OF DES	STINATION		
NUMBER OF CER	TIFICATES REQUESTED		
TOTAL OWED_	\$125.00 CHECK # 5349		·
Please call Tin	a at the above number for any issues or concerns. Thank y	na so much!	İ

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting busines	is in Florida. The alternate name must include "Limited Liability Co	ompany," "I.1,C," or	Tuc.
aware		3.		
indiction under the law of	which foreign binited liability company is organized)	(FEI number, if a	oplicable)	
	(Date first transacted business in Florida, if a (See sections 605,0904 & 605,0905, F.S. to	prior to registration)	-	ZON OCT
Stanley St.	(See Sections 103,4764 & 013,4763; F.S. W		٠.,	
(Street Address o	(Principal Office)	6. 22 Stanley St. (Maiking Address)	 	ن
shville, TN 37210		Nashville, TN 37210		
				<u>.</u>
			•	
me and street addr	ess of Florida registered agent: (P.O	. Box NOT acceptable)	+*3*	ζ.
Name:	NRAI Services, Inc.			
ivamo.				
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324 (7/p code)		
	(Ciry)	(Zip cnde)	_	
	(Registered	The state of the s	=	
		agenti signature) Patricia A. Boverie. Asst	. Secretary	
ua numa titla ar ea	nacity and address of the name (a)		. Secretary	
ne name, title or ca litle or Capacity:	pacity and address of the person(s) w	who has/have authority to manage is/are:	. Secretary	e t s:
itle or Capacity:	Name and Address:	who has/have authority to manage is/arc:	•	<u>e49:</u>
	Name and Address: David Manning 22 Stanley St.	who has/have authority to manage is/arc:	•	<u>esa:</u>
itle or Capacity:	Name and Address: David Manning	who has/have authority to manage is/arc:	•	esa:
itle or Capacity:	Name and Address: David Manning 22 Stanley St.	who has/have authority to manage is/arc:	•	ess:
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itle or Capacity:	Name and Address: David Manning 22 Stanley St.	who has/have authority to manage is/arc:	•	ess:
itle or Capacity:	Name and Address: David Manning 22 Stanley St. Nashville, TN 37210	who has/have authority to manage is/arc:	•	esa:
itle or Capacity: President & Secreta	Name and Address: David Manning 22 Stanley St. Nashville, TN 37210 ecssary)	who has/have authority to manage is/are: Title or Capacity: No	nme and Addr	
resident & Secreta	Name and Address: David Manning 22 Stanley St. Nashville, TN 37210 cssary) te of existence, no more than 90 days	who has/have authority to manage is/are: Title or Capacity: Note: Not	nme and Addr	ords i
resident & Secreta	Name and Address: David Manning 22 Stanley St. Nashville, TN 37210 cssary) te of existence, no more than 90 days w of which it is organized. (If the cert	who has/have authority to manage is/are: Title or Capacity: No	nme and Addr	ords i
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Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTHERN STATES CHASSIS POOL, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN STATES CHASSIS POOL, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203575802

Date: 10-09-18