

119000003636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

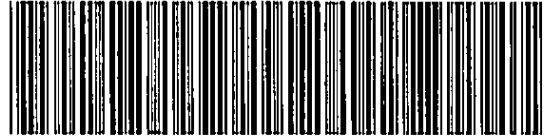
(Business Entity Name)

(Document Number)

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

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4/9/19 YS ✓



BREWER KRAUSE  
BROOKS & CHASTAIN  
PLLC

April 3, 2019

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6237  
Tallahassee, FL 32314

RE: Registration for Serious Manufacturing Solutions, LLC

Dear Sir or Madam:

Enclosed please find a check in the amount of \$125.00 and the Application for the Registration of Serious Manufacturing Solutions, LLC.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Steven J. Meisner  
Attorney at Law  
Direct: (615) 630-7727  
E-mail: [smeisner@bkblaw.com](mailto:smeisner@bkblaw.com)

Enclosures: Check  
Application

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TALLAHASSEE, FLORIDA

ATTORNEYS AT LAW  
545 Mainstream Drive, Suite 101, Nashville, TN 37228  
Main: (615) 256-8787 Fax: (615) 256-8985

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Serious Manufacturing Solutions, 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:

Steven J. Meisner

Name of Person

Brewer Krause Brooks & Chastain, PLLC

Firm/Company

545 Mainstream Drive, Suite 101

Address

Nashville, TN

City/State and Zip Code

smeisner@bkblaw.com

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

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SECTION OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Steven J. Meisner

615

6307727

Name of Contact Person

at ( )

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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. Serious Manufacturing Solutions, L.L.C.  
(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. Tennessee 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/4/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7535 Appling Center Dr.  
(Street Address of Principal Office)  
Memphis TN 38133

6. 7535 Appling Center Dr.  
(Mailing Address)  
Memphis TN 38133

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TALLAHASSEE, FLORIDA

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

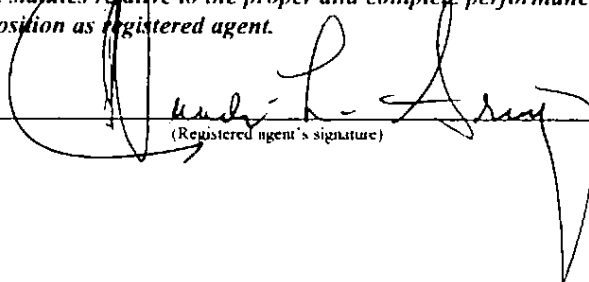
Name: Emerald Coast Permitting, Inc.

Office Address: 141 Mack Bayou Loop, STE 303

Santa Rosa Beach, Florida 32459  
(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.*

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Brooke Sykes

☒ Member Address: 1072 Cranford Hollow Rd

☐ Authorized Columbia TN 38401

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

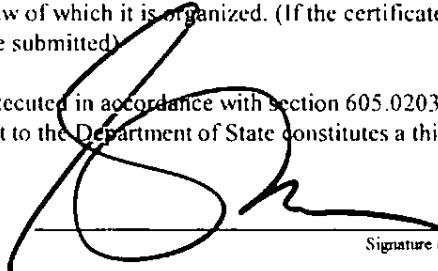
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Steven J. Meisner, Esq.  
\_\_\_\_\_  
Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**STEVEN JOHN MEISNER**  
STEVEN JOHN MEISNER  
SUITE 101  
545 MAINSTREAM DRIVE  
NASHVILLE, TN 37228

March 28, 2019

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

Request #: 0310958

Issuance Date: 03/28/2019

Copies Requested: 1

**Document Receipt**

Receipt #: 004690900

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3753701154

\$20.00

**Regarding: Serious Manufacturing Solutions, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 1003635

Formation/Qualification Date: 01/08/2019

Date Formed: 01/08/2019

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY 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

**Serious Manufacturing Solutions, 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

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