

M19 00000 9960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

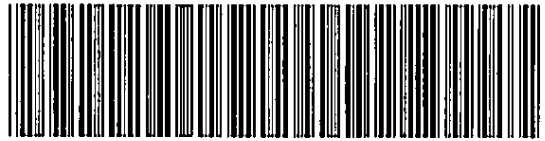
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700334753547

10/02/19--01006--011 **155.00

FILED
2019 OCT -2 AM 10:51
CLERK OF COURT
ALABAMA, FLORIDA

cf
10-18-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3D Cloud 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:

JAMIESON MERRILL
Name of Person

3D Cloud LLC
Firm/Company

6964 Southridge Drive
Address

DALLAS, TX 75214
City/State and Zip Code

JAMIESON.MERRILL@CARBONCLOUD.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIESON MERRILL at (972) 965-3345
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

FILED
2018 OCT -2 AM 10:51
TALLAHASSEE, FLORIDA
CLERK OF STATE

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. 3D CLOUD 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4368255
(FEI number, if applicable)

4. 8/23/19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 133 MAGNOLIA AVENUE SE
(Street Address of Principal Office)
FOOT WALTON BEACH, FL 32548

6. 6964 SOUTHZIDGE DRIVE
(Mailing Address)
DALLAS, TX 75214

2019 OCT -2 AM 10:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Name: CHRISTOPHER LACKIN

Office Address: 133 MAGNOLIA AVE SE

FOOT WALTON BEACH, Florida 32548
(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.

[Signature]
(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:
<u>MANAGING MEMBER</u>	<u>CHRIS LACKIN</u> <u>133 MAGNOLIA AVE SE</u> <u>FOOT WALTON BEACH, FL 32548</u>	<u>MEMBER</u>	<u>JAMIESON MERRILL</u> <u>6964 SOUTHZIDGE DR.</u> <u>DALLAS, TX 75214</u>
<u>MEMBER</u>	<u>SCHAFER ROCHAUX</u> <u>752 SUN ROAD</u> <u>ABERDEEN, NC 28315</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.

[Signature]
Signature of an authorized person

JAMIESON R. MERRILL
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "3D CLOUD LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF APRIL, A.D. 2019, AT 10:06 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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



7367151 8315

SR# 20196953865

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203607896

Date: 09-17-19