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(((H19000340364 3)))



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To:

1

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:						
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### **Foreign Limited Liability Company** Main Street Rentals LLC

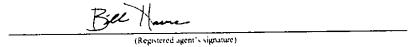
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T GLASS Help DEC 05 2019

# 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L. Main Street Rentals LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MS Rentals of TN, LLC off 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." Tennessee (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) <sub>6.</sub> P.O. Box 5117 509 Broadway St STE 101 (Street Address of Principal Office) South Fulton TN 38257 South Fulton TN 38257 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.



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: Name and Address: Title or Capacity: Name: Michael Crockett Name: \_\_\_\_\_ Manager | Manager 509 Broadway St STE 101 Member | Address: Address: Member South Fulton, TN 38257 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: Manager Manager Address: \_\_\_\_\_\_ Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_\_ Other Manager Member Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ Member Authorized Authorized Person Person Other\_\_\_\_\_ Other\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

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

#### REGISTERED AGENTS INC

170 S. LINCOLN ST, STE 150 SPOKANE, WA 99201

November 20, 2019

Request Type: Certificate of Existence/Authorization

Request #:

0339275

Issuance Date: 11/20/2019

Copies Requested:

**Document Receipt** 

Receipt #: 005113603

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3769831880

\$20.00

Regarding:

Main Street Rentals, LLC.

Filing Type:

Limited Liability Company - Domestic

Status:

Active

Duration Term:

Perpetual

Business County: RUTHERFORD COUNTY

Formation/Qualification Date: 11/07/2019

Control #:

1061339

Date Formed:

11/07/2019

Formation Locale: TENNESSEE

Inactive Date:

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

CERTIFICATE OF EXISTENCE

#### Main Street Rentals, 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

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