Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:\_\_\_\_\_\_\_\_\_\_\_

DEC 12 PH 1:55

## Foreign Limited Liability Company Madden Moorhead & Stokes, LLC

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\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY DEC 1 3 2019

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

	TION 603.0502, FLORIDA STATUTES, THE F SINESS IN THE STATE OF FLORIDA:	-ошони	RIG IS SUBMITTED TO REGISTER A FORE	ICIN LINATED LIABILITY
1. Madden Moorhes (Name of Forder	ad & Stokes, LLC Limited Liability Company, must include "Limit	ब्द राक्षीम	y Company, " L.L. C.," or "LLC.")	
MMS Consulting	ame adopted for the purpose of transacting business in Fi	lasida Tur s	because were received by the "Longrad Linkship, Commen	771C*#**********************************
Tennessee			84-3518816 (FEI number, if applicable	
(Autobaction under the law of w	bick (Careign Kerx and Babillay company is organized)		(FEI number, if applicable	i)
4	Dutc hen transected basiness in Horida, if prior is (See sections 603 0004 & 605 0005, F.S. to deserr	registration	tisbility)	
813 Ridge Lake Blvd., Suite 200		6.	813 Ridge Lake Blvd., Suite 200	
(Social Address of) Memphis, TN 38120	Process Office)	•	(Malse Address)  Memphis, TN 38120	2319 DEC
				10 12 12 12 12 12 12 12 12 12 12 12 12 12
7. Name and street address	s of Florida registered agent: (P.O. Box	× <u>NOT</u>	receptable)	FR 9
Name:	Paracorp Incorporated		<u> </u>	Artigator
Office Address:	155 Office Plaza Drive, Lst Floor		<u> </u>	
	Tailahassee		32301 , Florida	
	(Chy)		(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.



Title or Canacity:	Name and Address: Name: Jeffrey B. Prestey	Title or Cupacity:	Name and Address:  Clayton W. Presley
Member	Address: 813 Ridge Lake Blvd.	☐ Member	Address: 813 Ridge Lake Blvd.
Authorized	Suite 200	Authorized	Suite 200
Person	Memphis, TN 38120	Person	Memphis, TN 38120
Other_Chairman	Other	Other	dent Other
☐ Manager	Name: Alvin Benjamin Reed	Manager	Name: Chadwyck H. Moorhead
☐Member	Address: B13 Ridge Lake Blvd.	☐ Member	Address: 431 E. Horatio Ave.
Authorized	Suite 200	Authorized	Suite 260
Person	Memphis, TN 38120	Person	Maitland, FL 32751
Other Secretary	Other	MOther Princip	oal Eng. []Other
	Name:	Manager	Name:
Member	Address:	Mornber	Address:
Authorized		Authorized	
Person		Person	
Other		Other	Other
indexed individuals  9. Attached is a certifurisdiction under the of the translator mus  10. This document is	executed in accordance with section 605.02 sent to the Department of State Solvationes at	Florida Department of State I, duly authenticated by the c ato is in a foreign language, 03 (1) (b), Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath arm aware that any false information





## Division of Business Services Department of State

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

WYATT, TARRANT & COMBS, LLP

STE. 300

Request #:

6070 POPLAR AVENUE **MEMPHIS, TN 38119** 

Request Type: Certificate of Existence/Authorization

0341924

Issuance Date: 12/10/2019

Copies Requested:

**Document Receipt** 

Receipt #: 005141962

Payment-Credit Card - State Payment Center - CC #: 3771223572

MADDEN MOORHEAD & STOKES, LLC

Regarding: Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 10/29/2019

Status:

Active Perpetual Duration Term:

Business County: SHELBY CCUNTY

Filing Fee:

\$20.00

\$20.00

December 10, 2019

Control # 1

1059486 10/29/2019

Date Formed: Formation Locale: TENNESSEE

Inactive Date:

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

## MADDEN MOORHEAD & STOKES, 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.

Processed By: Cert Web User

Varification #: 036775530