

M20000008282

(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



800351161388

05/07/2010 10:02:00 AM #115100

2010-09-21 10:07 AM

45
9/23/10

2010 SEP - 3 PM
10:00 AM - 4:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAVEN 22 Solutions Group 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:

Brett N. Mayes, Esq.

Name of Person

Seeley & Mayes Law Firm

Firm/Company

P.O. Box 3297

Address

Johnson City, TN 37602

City/State and Zip Code

patty@jctnlaw.com

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

For further information concerning this matter, please call:

Patty Johnson

423

913-4904

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. RAVEN 22 Solutions Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Tennessee 47-1797291
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 900 E Jackson Blvd
(Street Address of Principal Office)

6. 900 E Jackson Blvd
(Mailing Address)

Suite 2B

Suite 2B

Jonesborough, TN 37659-1505

Jonesborough, TN 37659-1505

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

Name: C T Corporation System

Office Address: 1200 S Pine Island Rd #250



Plantation 33324
(City) , Florida (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.

C T Corporation System Kimberly Steinmetz
(Registered agent's signature) Assistant Secretary

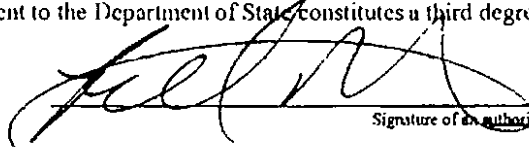
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Gary Harrell	<input type="checkbox"/> Manager	Name: Michael Lewis
<input checked="" type="checkbox"/> Member	Address: 137 Richland HTS	<input checked="" type="checkbox"/> Member	Address: 175 Bill Jones Rd
<input type="checkbox"/> Authorized	Johnson City, TN 37615	<input type="checkbox"/> Authorized	Jonesborough, TN 37659
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Vincent A. Salas	<input type="checkbox"/> Manager	Name: 
<input checked="" type="checkbox"/> Member	Address: 9605 Coneflower Dr NW	<input type="checkbox"/> Member	Address: 
<input type="checkbox"/> Authorized	Albuquerque, NM 87114	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Brett N. Mayes

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

SEELEY & MAYES LAW FIRM
BRETT MAYES
PO BOX 3297
JOHNSON CITY, TN 37604

August 25, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0378876

Issuance Date: 08/25/2020
Copies Requested: 1

Document Receipt

Receipt #: 005745765

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3787934020

\$20.00

Regarding: **RAVEN 22 Solutions Group LLC**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 09/08/2014
Status: Active
Duration Term: Perpetual
Business County: WASHINGTON COUNTY

Control #: 770810
Date Formed: 09/08/2014
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

RAVEN 22 Solutions Group 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 filed the most recent annual report required with this office;
- * 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

Processed By: Cert Web User

Verification #: 041359938