M2100000025

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 589711 5028052								
AUTHORIZATION: Signelle 1302								
COST LIMIT : \$ 125.00								
ORDER DATE: December 29, 2020								
ORDER TIME : 12:16 PM								
ORDER NO. : 589711-040								
CUSTOMER NO: 5028052								
<u>FOREIGN_FILINGS</u>								
NAME: INSPIRE RESOURCES, LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u>)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Inspire Resources, I	LC				
Name of Limited Liability Company						
The en	iclosed "Application by Foreignee, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence cor	ncerning this matter to the following:				
	Tracey Fraser					
		Name of Person				
Inspire Resources, LLC						
		Firm/Company				
	Three Glenlake	Parkway NE				
		Address				
	Atlanta, GA 303	28				
		City/State and Zip Code				
	tfraser@inspirebra	ands.com				
	E	-mail address: (to be used for future annual report notification)				
For fur	ther information concerning t	his matter, please call:				
Tracey Fraser		678 514-4338				
	Name of C	Contact Person Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section				
		ns Division of Corporations				
		The Centre of Tallahassee				
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
		following amount: to: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

 		-					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	Torida. The a	hernate name must include "Limited Liabil	ity Company," "L.L.C," or "L	.LC.")		
Delaware 2.		3.	82-3952653				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)				
01/01/2021							
··	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration ine penalty l) ability)				
Three Glenlake Parkway NE			Three Glenlake Parkway NE	=			
Street Address of Principal Office)		6	(Mailing Address)				
Atlanta, GA 30328			Atlanta, GA 30328				
Name and <u>street address</u> of Florida registered agent: (P.O. Box Corporation Service Company Name:			cceptable)	SECRETATIONS FEET			
Office Address:	1201 Hays Street			PH I:	0		
	Tallahassee		32301 , Florida	57 -			
	(City)		(Zip code)				
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company	s register	ed agent and agree to act in th	his capacity. I furthe	er agre		

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:	Title or Capacity:		Name and Address:
□Manager	Name: IRB Holding Corp.	□Мападег	Name:	
■Member	Address: Three Glenlake Parkway NE	□Member	Address:	
□Authorized	Atlanta, GA 30328	□Authorized		
Person		Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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. 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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INSPIRE RESOURCES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSPIRE RESOURCES, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2020.

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



Jeffrey W. Budlock, Secretary of State