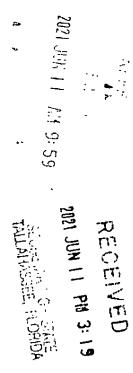
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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W21-86583					

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730 1 2 HT, HT, NO. 12 HT, 161

#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv

#### **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

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R	ΕQ	UES	T DA	TE	6/11	/2021

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 924808

ORDER ENTITY\_\_\_\_\_C3 RENTALS, LLC

DI EACE DEDECOM THE EQUI OWING SEDVICES.	
PLEASE PERFORM THE FOLLOWING SERVICES:	
C3 RENTALS, LLC (FL)	
CORENIALO, LLG. LFLI	

File the attached foreign qualification document

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, June 11, 2021 Page 1 of 1



Robert E. Stenson
Direct Dial: 310.525.4780
Direct Fax: 888.481.7806
robert.stenson@nationwide-incorporators.com

June 18, 2021

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

Re: C3 Rentals, LLC

Dear Sir or Madam:

I am the Organizer who filed the online Articles of Organization for C3 Rentals, LLC, a Flordia limited liability company on the Sunbiz website on June 1, 2021. This was a mistake. My intent was to qualify my client's company, C3 Rentals, LLC, a Mississippi limited liability company as a foreign LLC doing business in LLC. Once I received the filed Articles of Organization back, I realized my mistake and filed the Articles of Dissolution immediately thereafter.

I am now submitting the completed and signed Application for Authorization to qualify C3 Rentals, LLC, a Mississippi limited liability company to do business in Florida. This letter will confirm that I have no intention of revoking the previously filed Articles of Dissolution for C3 Rentals, LLC, a Florida limited liability company.

I would appreciate it if you could approve the Application for Authorization of C3 Rentals, LLC using their existing legal name as there should no longer be a name conflict.

Thank you for your assistance in this matter.

Very truly yours,

Robert E. Stenson

### 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: C3 Rentals, 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," Mississippi 86-3305822 (Jurediction under the law of which foreign limited liability company is organized) (FEI number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 140 Mayfair Dr., Stc. 800 140 Mayfair Dr., Ste. 800 5. (Street Address of Principal Office) 6. (Mailing Address) Hattiesburg, MS. 39402 Hattiesburg, MS. 39402 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St. N. Ste. 300 Office Address: တ္ St. Petersburg 33702 O 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. (Registered a gent's signature)

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: C3 Ventures, LLC ■ Manager Name: \_ Name: \_\_\_\_\_ □ Manager 140 Mayfair Rd., Ste. 800 □Member Address: □Member Address: \_\_\_\_ Hattiesburg, MS 39402 ☐ Authorized ☐ Authorized Person Person □ Other □Other\_\_\_\_\_ □Other Other □ Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □Member Address: \_\_\_\_\_ □Member Address: □ Authorized ☐ Authorized Person Person ☐ Other Other\_\_\_ □Other\_\_\_\_\_\_ □Other\_\_\_ □Manager Name: Name: \_\_\_\_\_ Manager ☐ 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. 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. Callen Totum Signature of an authorized person Cullen Tatum, Manager of C3 Ventures, LLC, its Manager

Typed or printed name of signee



## Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### C3 RENTALS, LLC

Registered the 12th day of April, 2021

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

140 Mayfair Dr., Ste. 800 Hattiesburg, MS 39402

And that the registered agent at that address is:

Cullen Tatum

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 24th day of May, 2021

Michael Watson

Certificate Number: CN21111783

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx