

M21000007710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

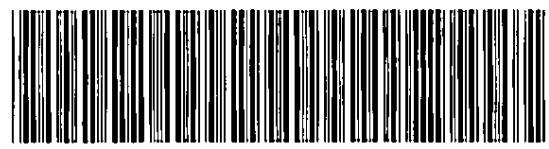
(Business Entity Name)

(Document Number)

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RECEIVED  
2021 JUN 11 AM 9:59  
2021 JUN 11 PM 3:19  
STATE OF FLORIDA  
TALLAHASSEE

JUN 11 2021

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** 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

**REQUEST DATE** 6/11/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 924808

**ORDER ENTITY**

C3 RENTALS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

C3 RENTALS, LLC ( FL)

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

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.



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 Florida 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

2021 JUN 11 AM 9:59

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

1. \_\_\_\_\_ (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

2. \_\_\_\_\_ (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (FEI number, if applicable)

N/A

4. \_\_\_\_\_ (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., Ste. 800

140 Mayfair Dr., Ste. 800

5. \_\_\_\_\_ (Street Address of Principal Office)

Hattiesburg, MS. 39402

6. \_\_\_\_\_ (Mailing Address)

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: \_\_\_\_\_

St. Petersburg

33702

\_\_\_\_\_, Florida \_\_\_\_\_ (City) (Zip code)

2021 JUN 11 AM 9:59

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.

*Tom Glover*

(Registered agent'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:  
 Manager Name: C3 Ventures, LLC  
 140 Mayfair Rd., Ste. 800  
 Member Address: Hattiesburg, MS 39402  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:  
 Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 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.

*Cullen Tatum*

Signature of an authorized person

Cullen Tatum, Manager of C3 Ventures, LLC, its Manager

Typed or printed name of signer



**Michael Watson**  
SECRETARY OF STATE

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

Certificate Number: CN21111783

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>