

MR1000007710

(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



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05/31/22--01028--024 \*\*50.00

2022 MAY 31 11:12:47

AUG -5 2022  
M. SOLOMON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: C3 RENTALS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Stenson  
Name of Person

Nationwide Incorporators, Inc.  
Firm/Company

361 Main St., Ste. 2  
Address

El Segundo, CA 90245  
City/State and Zip Code

robert@nwincorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cullen Tatum at (601) 270-0273  
Name of Person 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:

- \$25 Filing Fee
- \$30 Filing Fee &
- \$55 Filing Fee &
- \$60 Filing Fee.

2022 MAY 31 PM 12:47

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: C3 RENTALS, LLC

Enter new principal office address, if applicable: 107 Imperial Blvd., Ste. 10  
Hendersonville, TN 37075  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 22 Millbranch Rd., Ste. 600  
Hattiesburg, MS 39402  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M21000007710

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 06/11/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:  
*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

2022 MAY 31 PM 12:47

455 0000

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Tennessee

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2022 MAY 31 10:12:17

REC-117

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Cullen Tatum  
Signature of the authorized representative

Cullen Tatum, Manager



**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:

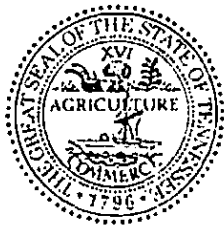
Cullen Tatum

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/corpconv/verifycertificate.aspx>



**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

ROBERT STENSON  
STE 2  
361 MAIN ST  
EL SEGUNDO, CA 90245-3852

**Request Type: Certified Copies**  
Request #: 474775

Issuance Date: 05/09/2022  
Copies Requested: 8

**Document Receipt**

Receipt #: 007226401

Filing Fee: \$160.00

Payment-Check/MO - EQUASSURE INC. EL SEGUNDO, CA

\$160.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that C3 RENTALS LLC, Control # 1213658 was formed or qualified to do business in the State of Tennessee on 06/24/2021. C3 RENTALS LLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett  
Secretary of State

Processed By: Tiffany Washington

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B1061-0192	06/24/2021	Initial Filing
B1150-9493	01/26/2022	2021 Annual Report (Due 04/01/2022)
B1190-1702	04/04/2022	Conversion



001213658

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LIMITED LIABILITY COMPANY**

SS-4233



**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  
(615) 741-2286

Filing Fee: \$50.00 per member  
(minimum fee = \$300.00, maximum fee = \$3,000.00)

For Office Use Only

**- FILED -**

Control # 001213658

**To the Secretary of the State of Tennessee:**

Pursuant to the provisions of T.C.A. §48-249-904 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for a certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The name of the Limited Liability Company is: C3 Rentals, LLC  
If different, the name under which the certificate of authority is to be obtained is:

**NOTE:** The Secretary of State of the State of Tennessee may not issue a certificate of authority to a foreign Limited Liability Company if its name does not comply with the requirements of T.C.A. §48-249-106 of the Tennessee Revised Limited Liability Company Act. If obtaining a certificate of authority under an assumed Limited Liability Company name, an application must be filed pursuant to T.C.A. §48-249-106(d).

2. The state or country under whose law it is formed is: MISSISSIPPI  
and the date (mm/dd/yyyy) of its formation is: 04/12/2021  
and, if prior to qualifying, the date it commenced doing business in Tennessee is: (none)

**NOTE:** Additional filing fees and proof of tax clearance confirming good standing may apply if the Limited Liability Company commenced doing business in Tennessee prior to the approval of this application. See T.C.A. §48-249-913(d) and T.C.A. §48-249-905(c).

3. This company has the additional designation of: None

4. The name and complete address of its registered agent and office located in the state of Tennessee is:  
NORTHWEST REGISTERED AGENT INC.  
STE B  
5810 SHELBY OAKS DR  
MEMPHIS, TN 38134-7315  
SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:  
(none) (Not to exceed 90 days)

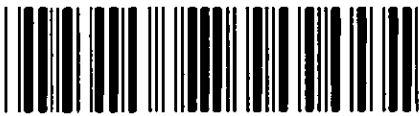
7. The LLC will be:  Member Managed  Manager Managed  Director Managed  Board Managed  Other

8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual

10. The complete address of its principal executive office is:  
STE 800  
140 MAYFAIR RD  
HATTIESBURG, MS 39402-1702

B1061-0192 06/24/2021 4:06 PM Received by Tennessee Secretary of State Tre Hargett



APPLICATION FOR CERTIFICATE OF AUTHORITY  
LIMITED LIABILITY COMPANY

SS-4233



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  
(615) 741-2286

Filing Fee: \$50.00 per member  
(minimum fee - \$300.00, maximum fee - \$3,000.00)

For Office Use Only

Control # 001213658

The name of the Limited Liability Company is: C3 Rentals, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

STE 800  
140 MAYFAIR RD  
HATTIESBURG, MS 39402-1702

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.  
 I certify that this entity meets the requirements of T.C.A. §48-249-1123(b)(3)

Licensed Profession:

14. Series LLC (optional)

I certify that this entity meets the requirements of T.C.A. §48-249-309(i)

If the provisions of T.C.A. §48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this document.

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)  
 I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. Other Provisions:

Electronic

Signature

Robert E Stenson

Printed Name

Attorney

Title/Signer's Capacity

Jun 24, 2021 4:06PM

Date

B1061-0193 06/24/2021 4:06 PM Received by Tennessee Secretary of State Tre Hargett





07990486



# Tennessee Limited Liability Company Annual Report Form

AR Filing #: 07990486

File online at: <https://TNBear.TN.gov/>

FILED: Jan 26, 2022 8:15AM

Due on/Before: 04/01/2022

Reporting Year: 2021

**Annual Report Filing Fee Due:**

\$300 minimum plus \$50 for each member over 6 to a maximum of \$3000  
\$20 additional if changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records

Payment-Credit Card - State Payment Center - CC #: 3822369392

SOS Control Number: 1213658

Limited Liability Company - Foreign

Date Formed: 04/12/2021

Formation Locale: MISSISSIPPI

**(1) Name and Mailing Address:**

C3 Rentals, LLC  
STE 600  
22 MILLBRANCH RD  
HATTIESBURG, MS 39402-1676

**(2) Principal Office Address:**

STE 600  
22 MILLBRANCH RD  
HATTIESBURG, MS 39402-1676

**(3) Registered Agent (RA) and Registered Office (RO) Address:**

NORTHWEST REGISTERED AGENT INC.  
STE B  
5810 SHELBY OAKS DR  
MEMPHIS, TN 38134-7315

Agent Changed: No

Agent County: SHELBY COUNTY

(4) This LLC is (as currently registered in Tennessee):  Director Managed,  Manager Managed,  Member Managed,  Board Managed,  Other.

If board, director, or manager managed, provide the names and business addresses, including zip codes, of the governors, directors, or managers (or their equivalent). If governed by the pre-2006 LLC act and board managed, list board members and managers.

Name	Business Address	City, State, Zip

(5) Provide the names and business addresses, including zip codes, of any LLC Officers (if governed by the Revised LLC Act), or their equivalent.

Name	Business Address	City, State, Zip

(6) Number of members on the date the annual report is executed: 1

This LLC is prohibited from doing business in Tennessee (check if applicable)

(7) Signature: Electronic

(8) Date: 01/26/2022

(9) Type/Print Name: Cullen G Tatum

(10) Title: Principal

B1150-9493 01/26/2022 8:15 AM Received by Tennessee Secretary of State Tre Hargett





**ARTICLES OF ORGANIZATION**  
**LIMITED LIABILITY COMPANY** (ss-4270) Page 1 of 2



Business Services Division  
**Tre Hargett, Secretary of State**  
 State of Tennessee  
 312 Rosa L. Parks Ave., 6th Fl  
 Nashville, TN 37243-1102  
 (615) 741-1286  
 Filing Fee: \$50.00 per member  
 (minimum fee = \$300, maximum fee = \$3,000)

*For Office Use Only*

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: C3 RENTALS LLC  
 (NOTE: Pursuant to the provisions of T.C.A. § 48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)  
 This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: \_\_\_\_\_

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:  
 Name: Northwest Registered Agent Inc.  
 Address: 5810 Shelby Oaks Drive, Ste. B  
 City: Memphis State: TN Zip Code: 38134-7315 County: Shelby

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days)  
 Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_

7. The Limited Liability Company will be:  Member Managed  Manager Managed  Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration.  Perpetual  Other \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10. The complete address of the Limited Liability Company's principal executive office is:  
 Address: 107 Imperial Blvd., Ste. 10  
 City: Hendersonville State: TN Zip Code: 37075 County: Sumner  
 Business Email: cgtatum@c3vllc.com

B1190-1703 04/04/2022 1:25 PM Received by Tennessee Secretary of State Tre Hargett



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY (ss-4270)



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl  
Nashville, TN 37213-1102  
(615) 741 2286

For Office Use Only

Filing Fee: \$50.00 per member  
(minimum fee = \$300, maximum fee = \$3,000)

The name of the Limited Liability Company is: C3 RENTALS LLC

11. The complete mailing address of the entity (if different from the principal office) is:  
Address: 22 Millbranch, Ste. 600  
City: Hattiesburg State: MS Zip Code: 39402

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)  
 I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. § 67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)  
 I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.  
Licensed Profession: \_\_\_\_\_

14. Series LLC (required only if the Additional Designation of "Series LLC" is entered in section 3.)  
 I certify that this entity meets the requirements of T.C.A. § 48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)  
 This entity will be registered as an Obligated Member Entity (OME) Effective Date: \_\_\_\_\_  
 I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:  
 This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions: These Articles of Organization are being filed along with a Certificate of Conversion to re-domesticate this LLC from a Mississippi entity to a Tennessee entity.

3-31-2022  
Signature Date

Cullen G. Tatum  
Signature

Member/Manager  
Signer's Capacity (if other than individual capacity)

Cullen G. Tatum  
Name (printed or typed)

B1190-1704 04/04/2022 1:25 PM Received by Tennessee Secretary of State Tre Hargett