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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2021 - 1 P. 3172

Foreign Limited Liability Company  
SC MSFL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

see 12/1/22



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. SC MSFL, 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.")

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

3. (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. 104 3rd Street South
(Street Address of Principal Office)

6. PO Box 1368
(Mailing Address)

Columbus, MS 39701

Columbus, MS 39703

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E. Park Avenue, 2nd FL

Tallahassee, Florida 32301
(City) (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.

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

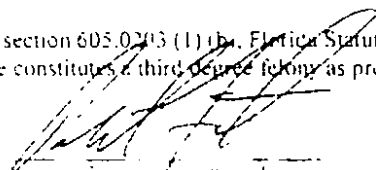
8. For initial filing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Bill Latham</u>	<input type="checkbox"/> Manager	Name: <u>John Bean</u>
Member	Address: <u>1500 I-55 North</u>	<input checked="" type="checkbox"/> Member	Address: <u>515 Greenbriar Drive</u>
Authorized Person	Suite <u>221</u> <u>Jackson, MS 39211</u>	<input type="checkbox"/> Authorized Person	<u>Columbus, MS 39705</u>
Other	<input type="checkbox"/> Other _____	Other	<input type="checkbox"/> Other _____
Manager	Name <u>Robert Fort</u>	<input type="checkbox"/> Manager	Name: _____
Member	Address: <u>104 3rd Street South</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Columbus, MS 39701</u>	<input type="checkbox"/> Authorized Person	_____
Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
Other	<input type="checkbox"/> Other _____	Other	<input type="checkbox"/> Other _____

Important Note: 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) of the Florida Statutes. I am aware that any false information submitted to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Robert Fort  
 \_\_\_\_\_  
 Typed or printed name of signee



**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:

**SC MSFL, LLC**

Registered the 17th day of September, 2020

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:

104 1/2 Third Street South  
Columbus, MS 39701

And that the registered agent at that address is:

John Bean

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 4th day of November, 2022

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN22151945

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