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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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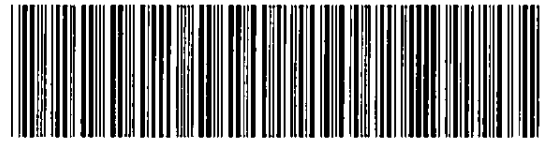
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**TO: Registration Section
Division of Corporations**

Mason Livesay Scientific, LLC (Dba, IB3 Global Solutions)

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle Fierro

Name of Person

IB3 Global Solutions

Firm/Company

97 Midway Lane

Address

Oak Ridge, TN 37830

City/State and Zip Code

michelle.fierro@ib3global.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Fierro

865

294-4369

at ()

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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:

1. Mason Livesay Scientific, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(dba) IB3 Global Solutions

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

3. 46-0577191 (EIN)
(FEI number, if applicable)

4. Work is pending completion and approval of registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 97 Midway Lane
(Street Address of Principal Office)

Oak Ridge, TN 37830

6. 97 Midway Lane
(Mailing Address)

Oak Ridge, TN 37830

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

Name: IB3 Global Solutions (ATTN: Marc Asselin)

Office Address: 3259 Progress Dr.

Orlando, FL 32826
(City) , Florida (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.

Marc Asselin

(Registered agent's signature)

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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: Sean Gleason

☐ Member Address: 138 Center Park Ln.

☐ Authorized Oak Ridge, TN 37830

Person _____

☒ Other President/CEO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Ronald Livesay

☐ Member Address: 1035 Cedar Hill Rd.

☐ Authorized Knoxville, TN 37830

Person _____

☒ Other CTO ☐ Other _____

☐ Manager Name: Michelle Fierro

☐ Member Address: 4960 Beverly Rd.

☒ Authorized Knoxville, TN 37918

Person _____

☒ Other HR Director ☐ 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.



Signature of an authorized person

Michelle Fierro

Typed or printed name of signer



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

MICHELLE FIERRO
HR
97 MIDWAY LANE
OAK RIDGE, TN 37830

May 9, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0582532

Issuance Date: 05/09/2024
Copies Requested: 1

Document Receipt

Receipt #: 008988424 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3873775771 \$20.00

Regarding: Mason Livesay Scientific, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 02/14/2012
Status: Active
Duration Term: Perpetual
Business County: ANDERSON COUNTY

Control #: 678529
Date Formed: 02/14/2012
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Mason Livesay Scientific, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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