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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

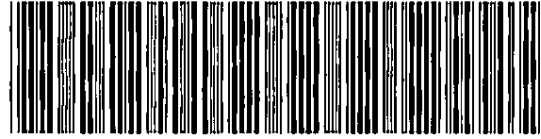
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
2021 JAN 11 AM 9:00
FEB 11 2021

JAN 11 2021
K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/11/2021

****WALK IN****

ENTITY NAME QSI, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QSI, LLC

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:

Elizabeth Ross, Paralegal

Name of Person

Miller & Martin PLLC

Firm/Company

832 Georgia Avenue, Suite 1200

Address

Chattanooga, TN 37402

City/State and Zip Code

elizabeth.ross@millermartin.com

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

For further information concerning this matter, please call:

Elizabeth Ross, Paralegal

423

785-8407

Name of Contact Person

at (_____)

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. QSI, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

QSI of Florida, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. _____
(FEI number, if applicable)

4. 01/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 412 Georgia Avenue, Suite 300
(Street Address of Principal Office)

6. 412 Georgia Avenue, Suite 300
(Mailing Address)

Chattanooga, TN 37403

Chattanooga, TN 37403

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2021 JAN 11 AM 9:00
APPROVED AND FILED

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.

Patricia A Boverie
(Registered agent's signature)
Patricia A. Boverie, Assistant Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Stepping Stone Partners</u>	<input type="checkbox"/> Manager	Name: <u>Robert C. Bullard</u>
<input checked="" type="checkbox"/> Member	Address: <u>412 Georgia Avenue, Suite 300</u>	<input checked="" type="checkbox"/> Member	Address: <u>412 Georgia Avenue, Suite 300</u>
<input type="checkbox"/> Authorized Person	<u>Chattanooga, TN 37403</u> <u>Robert C. Bullard, Partner</u>	<input type="checkbox"/> Authorized Person	<u>Chattanooga, TN 37403</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Christopher C. Bullard</u>	<input type="checkbox"/> Manager	Name: <u>Jonathon R. Bullard</u>
<input checked="" type="checkbox"/> Member	Address: <u>412 Georgia Avenue, Suite 300</u>	<input checked="" type="checkbox"/> Member	Address: <u>412 Georgia Avenue, Suite 300</u>
<input type="checkbox"/> Authorized Person	<u>Chattanooga, TN 37403</u>	<input type="checkbox"/> Authorized Person	<u>Chattanooga, TN 37403</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

Robert C. Bullard

 Signature of an authorized person

Robert C. Bullard, President

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

MILLER & MARTIN PLLC
SUITE 1200
832 GEORGIA AVENUE
CHATTANOOGA, TN 37402

January 6, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0396941

Issuance Date: 01/06/2021
Copies Requested: 1

Document Receipt

Receipt #: 005968490 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3796140691 \$20.00

Regarding: QSI, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 03/27/2017
Status: Active
Duration Term: Perpetual
Business County: HAMILTON COUNTY

Control #: 895876
Date Formed: 03/27/2017
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

QSI, 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

Processed By: Cert Web User

Verification #: 043753835