Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for Fiture annual report mailings. Enter only one email address pleas.

Smail	Address:			

Foreign Limited Liability Company HERS AND HIS PLUMBING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1137 - C 2014

2/28/2014

- **18**1. -

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Hers and His Plumbing, LLC
Name of Limited Linbility 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:
Christopher Spencer
Name of Person
Hers and His Plumbing, LLC
Firm/Company
2963 Foster Creighton drive
Address
Nashville, TN 37204
City/State and Zip Code
cspencer@hersandhisplumbing.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
•
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

(If name unavailable, enter alternate name adopted for the pur Liability Company," "L.L.C." or "LLC."	rpose of transacting business in Florida. The atternate name must include	e "Limited
Tennessee	_{3.} 20-4394005	
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)	
4		
(Date first transacted but (See sections 603.0904 &	usiness in Florids, if prior to registration.) 605.0905, P.S. to determine penalty liability)	B := 1
5, 2963 Foster Creighton Drive	10 P	oo i
Nashville, TN 37204	PT CO	T 5
(Stree	et Address of Principal Office)	- ; ;
6. 2963 Foster Creighton Drive	- Sim	2
Nashville, TN 37204		
	(Mailing Address)	
7. The name, title or capacity and address of t	the person(s) who has/have authority to manage is/are	:
Charles Bonfe, 2963 Creighton	n Drive, Nashville, TN 37204	
(P)		
(President)		
8. Attached is an original certificate of existence	ce, no more than 90 days old, duly authenticated by th	c official
	nder the law of which it is organized. (A photocopy is	
acceptable if the certificate in the tacking inve	guage, a translation of the certificate under oath of the	translator
	. • • • • • • • • • • • • • • • • • • •	
must be submitted)	Lolding.	
must be submitted)	Le Com	
must be submitted) Signatu (In accordance with section 605.0203, F.S., the execution of this docu	Life of an authorized person ument constitutes an affirmation under the penalties of perjury that the facts state	
must be submitted) Signatu (In accordance with section 605.0203, F.S., the execution of this docu	ure of an authorized person ument constitutes an affirmation under the penalties of perjury that the facts state Department of State constitutes a third degree fedomy as provided for in a \$17.155	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Hers and His Plumbing, LLC				
If unavailable	e, the alternate to be used in	the state of Florida is:		
2. The name	and the Florida street addre	ss of the registered agent and office are:		
	CT Corporation System			
		(Name)		
	1200 South Pi	ine Island Road		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324		
		City/State/Zip		

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 certificate, 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 relating 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, Florida Statutes.

By: Signature)

Signature

Signat

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS REGISTRATION SECTION

PO BOX 8327

TALLAHASSEE, FL 32314

Request Type: Certificate of Existence/Authorization

Request #;

Regarding:

0121672

Issuance Date: 02/27/2014

Copies Requested:

Document Receipt

Receipt #: 1341027

Payment-Credit Card - State Payment Center - CC #: 154633227

HERS AND HIS PLUMBING, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 02/28/2008

Status: **Duration Term:** Active Parpatual

Business County: DAVIDSON COUNTY

Filing Fee:

\$22.25 \$22.25

February 27, 2014

Control #:

514507

02/28/2008

Formation Locale: TENNESSEE

Date Formed:

Inactive Date:

CERTIFICATE OF EXISTENCE

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

HERS AND HIS PLUMBING, 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, 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 corporation 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.

Secretary of State

Processed By: Cert Web User

Verification #: 006263325