

MIB00001759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

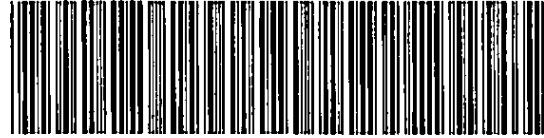
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2018

KRISTIN BERTHOLD
1437 AMBERTON WAY
POWDER SPRINGS, GA 30127

RECEIVED

FEB 20 2018

SUBJECT: AMERIPRO, LLC
Ref. Number: W18000010476

We have received your document for AMERIPRO, LLC and your check totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux
Regulatory Specialist

Letter Number: 818A00002150

Please Note there is an authentication stamp on the back of the NY certificate of organization, that was attached to the original application. However, I've also attached an additional certificate.

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. AmeriPro, 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. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2279832 (FBI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)
5. 1437 Amberton Way
(Street Address of Principal Office)
Powder Springs, GA 30127
6. 1437 Amberton Way
(Mailing Address)
Powder Springs, GA 30127

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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.

Megan Bessey Megan Bessey on behalf of InCorp Services
(Registered agent's signature)

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Chief Financial Officer</u>	<u>Kristin Berthold</u> <u>1437 Amberton Way</u> <u>Powder Springs, GA 30127</u>	<u>Chief Operating Officer</u>	<u>Daniel Berthold</u> <u>1437 Amberton Way</u> <u>Powder Springs, GA 30127</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.

Kristin L. Berthold
Signature of an authorized person

Kristin L. Berthold, Chief Financial Officer
Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

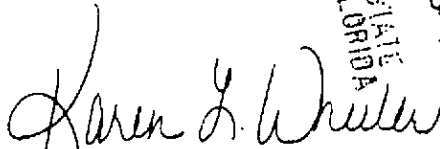
AmeriPro, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 25, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000762559**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of February, 2018 at 3:10 PM. This certificate is assigned 025535516





Acting Secretary of State

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TERRANCE, FLORIDA