

M22000014451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

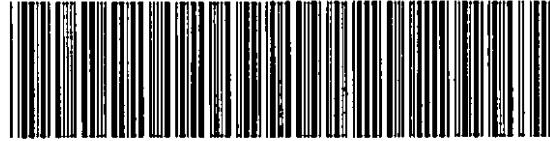
(Business Entity Name)

(Document Number)

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2022 SEP 12 PM 2:45

S. FRANKLIN
SEP 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRNR Storm Division, 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:

Malcolm B. Futhey III

Name of Person

Futhey Law Firm PLC

Firm/Company

1440 Poplar Avenue

Address

Memphis, Tennessee 38104

City/State and Zip Code

southernrcontact@gmail.com

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

2022.12.12 PM 2:45

For further information concerning this matter, please call:

Malcolm B. Futhey III

901

725-7525

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. SRNR Storm Division 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-3591798 (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. 403 Anise Place (Street Address of Principal Office)
6. 403 Anise Place (Mailing Address)
Kissimmee, Florida 34759
Kissimmee, Florida 34759
2022
12
FRI
2:45

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

Name: William R. Fletcher
Office Address: 403 Anise Place
Kissimmee, Florida 34759
(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.

William Fletcher (w/ permission)
(Registered agent's signature)

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: Christopher Eubank	<input type="checkbox"/> Manager	Name: John Falls
<input checked="" type="checkbox"/> Member	Address: 403 Anise Place	<input checked="" type="checkbox"/> Member	Address: 403 Anise Place
<input type="checkbox"/> Authorized	Kissimmee Florida 34759	<input type="checkbox"/> Authorized	Kissimmee Florida 34759
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Trey Vanlandingham	<input type="checkbox"/> Manager	Name: Jame Thomas Shaheen
<input checked="" type="checkbox"/> Member	Address: 403 Anise Place	<input checked="" type="checkbox"/> Member	Address: 403 Anise Place
<input type="checkbox"/> Authorized	Kissimmee Florida 34759	<input type="checkbox"/> Authorized	Kissimmee Florida 34759
Person		Person	
<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	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

2012-12-12 PM 2:43

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.

Malcolm F. Futhy III
 Signature of an authorized person

Malcolm B. Futhy, III (Attorney)

 Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SRNR STORM DIVISION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SRNR STORM DIVISION LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2022.

2022-08-27 12:45




Jeffrey W. Bullock, Secretary of State

6958835 8300

SR# 20223363772

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204263108

Date: 08-27-22