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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Southern Fire Protection, LLC					
Name of Limited Liability Company						
		apany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to the	e following:				
	Chelsic Olmos					
	<u> </u>	ame of Person				
	Southern Fire Protection, LLC					
	F	irm/Company				
	3291 Coachmans Way NE					
		Address				
	Roswell, GA 30075					
	City/S	State and Zip Code				
	accounting@southernfpllc.com					
	E-mail address: (to be use	d for future annual report notification)				
For fur	ther information concerning this matter, please call:					
	Chelsie Olmos	at (512) 659-3089				
	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 DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Sta	□ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, 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 STIE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability	y Company," "L.L.C	`," or "LLC."
GA		92-2295377		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if	applicable)	
·	(Date first transacted business in Florida, if prior to r	egistration.)	_	
3291 Coachmans Way	(See sections 605 0904 & 605 0905, F,S to determin	2201 Conghesons Way NE		
treet Address of Principal Office)		6. (Mailing Address)		
Roswell, GA 30075		Roswell, GA 30075		
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	;	21
	ss of Florida registered agent: (P.O. Box Della Frey	NOT acceptable)	m. A-	ZúZú MAY
. Name and street address Name: Office Address:		NOT acceptable)	THE HAVES	ÀΥ -5
Name:	Della Frey 105 Cedar Ridge Way Niceville	NOT acceptable)	TELL EDASSELEE	AY -5 PH 1:
Name:	Della Frey 105 Cedar Ridge Way	32578	TOLL ABASSELLEL	AY-5 PH I
Name: Office Address: Registered agent's accep Having been named as re designated in this applica to comply with the provisi	Della Frey 105 Cedar Ridge Way Niceville (City)	32578 Florida	ility company	AY -5 PH 1: 37 at the pla further a

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: ___ Name: Luis Lara **■**Manager □ Manager Address: ___ 3291 Coachmans Way NE Address: 2610 Olive Springs Rd □ Member □Member Roswell, GA 30075 Marietta, GA 30060 ☐ Authorized **■** Authorized Person Person Other □Other____ □ Other____ Other Jose Lara Name: ■Manager □ Manager Address: 2610 Olive Springs Rd □Member □Member Address: Marietta, GA 30060 □ Authorized ☐ Authorized Person Person Other____ □Other_ Other___Other__ Name: __ Chelsie Olmos ■ Manager □ Manager Name: Address: _____ Way NE □Member Address: ☐ Member Roswell, GA 30075 **■** Authorized ☐ Authorized Person Person Other____ Other ____ Other____ \square Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Chelsie Olmos Signature of an authorized person

Typed or printed name of signee

Chelsie Olmos

Control Number: 23027159

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Southern Fire Protection, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25155735

Date Inc/Auth/Filed: 01/30/2023

Jurisdiction : Georgia

Print Date : 05/01/2023

Form Number : 211



Brad Raffonspager