

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/22/2024

Acc#120160000072

eric DW

Name:	VOLUNTEER MATERIALS, LLC
Document #:	
Order #:	15336263

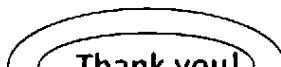
Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ 155.00



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Volunteer Materials, 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:

Robert Duke

Name of Person

Firm/Company

422 W. Kennedy Boulevard, Suite 300

Address

Tampa, FL 33606

City/State and Zip Code

rduke@arnadamaterials.com

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

For further information concerning this matter, please call:

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. Volunteer Materials, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")

(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 "L.C.")

2. Tennessee 3. 88-2973924
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 422 W. Kennedy Boulevard, Suite 300 6. 422 W. Kennedy Boulevard, Suite 300
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33606 Tampa, FL 33606

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (Zip code)

2024 JAN 22 PM 6:14
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.

By: Meredith Hellwig C T Corporation System Meredith Hellwig, Assistant Secretary
(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}:

Title or Capacity: **Name and Address:**

Manager Name: Robert Duke

Member Address: 422 W. Kennedy Boulevard

Authorized Suite 300

Person Tampa, FL 33606

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Travis Raitt

Member Address: 422 W. Kennedy Boulevard

Authorized Suite 300

Person Tampa, FL 33606

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

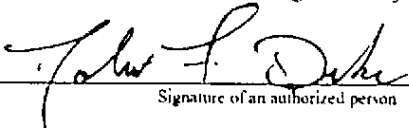
Person _____

Other _____ 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.



 Signature of an authorized person
 Robert F. Duke



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

CT EFF

January 19, 2024

CT EFF

600 SOUTH 2ND STREET SUITE 104
SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

Issuance Date: 01/19/2024

Request #: 0565047

Copies Requested: 1

Document Receipt

Receipt #: 008593064

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3866072493

\$20.00

Regarding: VOLUNTEER MATERIALS, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 552714

Formation/Qualification Date: 07/02/2007

Date Formed: 07/02/2007

Status: Active

Formation Locale: TENNESSEE

Duration Term: Expires: 12/31/2075

Inactive Date:

Business County: MARSHALL COUNTY

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

VOLUNTEER MATERIALS, 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 #: 065220216