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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
 Account Number : I20020000094
 Phone : (770) 777-2091
 Fax Number : (770) 220-1943

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FLORIDA/FOREIGN LP/LLLP

Sunflex Wall Systems, LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNFLEX WALL SYSTEMS, LP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Sharon K. Gray

(Contact Person)

Triad Professional Services, LLC

(Firm/Company)

2050 Marconi Drive, Suite 150

(Address)

Alpharetta, GA 30005

(City, State and Zip Code)

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For further information concerning this matter, please call:

Sharon K. Gray

(Name of Contact Person)

at (770) 777-2091

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☒ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Sunflex Wall Systems, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Georgia

(State or Country of Formation)

3. July 16, 2008

(Date of Formation)

4. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

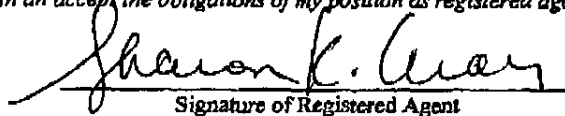
5. 2731 Executive Park Drive, Suite 4

(Florida street address for Registered Agent)

Weston, FL

33331

6. 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.


Signature of Registered Agent

7. 1230 Peachtree Street, Suite 3100, Atlanta, Georgia 30309

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 1230 Peachtree Street, Suite 3100, Atlanta, Georgia 30309
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>#F08000004122</u>	<u>1230 Peachtree Street, Suite 3100</u>
<u>Sunflex, Inc.</u>	<u>Atlanta, Georgia 30309</u>
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

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(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: Upon qualification

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of September, 20 08

Signature of a general partner:

J. A. K. [Signature]

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Control No. 08059385

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SUNFLEX WALL SYSTEMS, LP

Domestic Limited Partnership

was formed or was authorized to transact business on 07/16/2008 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of September, 2008

Karen C Handel
Secretary of State

Certification Number: 3147037-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>

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