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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

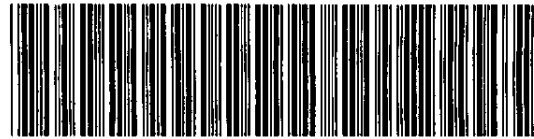
(Document Number)

Certified Copies _____

Certificates of Status _____

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FEB 15 2017
S. YOUNG

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 13 AM 7:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autoworks Reconditioning, LLLP

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:

Scott Harris

Contact Person

Autoworks Reconditioning, LLP

Firm/Company

113 Briarwood Drive

Address

Jackson, MS 39206

City, State and Zip Code

scott@autoworksms.com

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

For further information concerning this matter, please call:

Scott Harris

at (**601**)

203-2092

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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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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TALLAHASSEE, FLORIDA
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Autoworks Reconditioning, LLLP

(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. Mississippi

State or Country of Formation

3. 1/10/2017

Date of Formation

4. Federal Employer Identification Number: 81-4916543

5. Name of Registered Agent for Service of Process and Florida Street Address:

Scott Harris

5025 Patricia St.

CoCoa, FL 32927

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. Principal Office:

113 Briarwood Drive

Jackson, MS 39206

8. Mailing Address:

113 Briarwood Drive

Jackson, MS 39206

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9. If limited partnership is a limited liability limited partnership, check box .

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

Name of General Partner: Scott Harris

Street Address: 105 Shelley Lane
Brandon, MS 39047

Mailing Address: 113 Briarwood Dr
Jackson, MS 39206

Name of General Partner: N/A

Street Address:

Mailing Address:

Name of General Partner: Chris Whitehurst

Street Address: 248 Bellamy Court
Flowood, MS 39232

Mailing Address: 113 Briarwood Dr
Jackson, MS 39206

Name of General Partner: N/A

Street Address:

Mailing Address:

Name of General Partner: N/A Name of General Partner: N/A

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

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

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

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 8th day of February, 2017.


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

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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TALLAHASSEE, FLORIDA
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DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Partnership Act to be filed in my office do hereby certify

That on the 19th day of January, 2017

AUTOWORKS RECONDITIONING LLP

A Mississippi Limited Liability Partnership has filed the necessary documents in this office and has obtained a certificate of Limited Liability Partnership under the provisions of The Mississippi Limited Liability Partnership Act as shown by the records in this office.

That insofar as the records of this office are concerned, the said Autoworks Reconditioning LLP is in good standing at this time.

Given under my hand and seal of office
the 7th day of February, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

17 FEB 13 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate Number: CN17033082

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Autoworks Reconditioning LLP

Business ID: 1109489

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 07th day of February, 2017.

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STATE
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JACKSON, MISSISSIPPI

Given under my hand and seal of office
the 07th day of February, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMAN, JR.
Secretary of State

Certificate Number: CN17033082

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

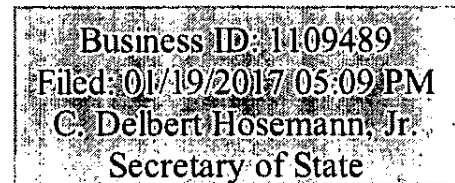
F0710

2017006007

Fee: \$ 250



DELBERT HOSEMANN
Secretary of State



P.O. BOX 136
JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

Statement of Qualification - Domestic Limited Liability Partnership

Business Information

Business Type: Limited Liability Partnership

Business Name: Autoworks Reconditioning LLP

Address Where Records Are Kept: 113 Briarwood Drive
Jackson, MS 39206

Registered Agent

Name: Scott E Harris

Address: 113 Briarwood Drive
Jackson, MS 39206

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Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **01/10/2017**.

Name:
Chris Whitehurst
Partner

Address:
113 Briarwood Dr
Jackson, MS 39206

Scott E Harris
Partner

113 Briarwood Dr
Jackson, MS 39206