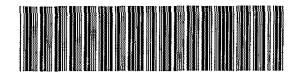
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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special instructions to Filing Officer: | | |
| WOW-37677 | | |

Office Use Only



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SECRETARE FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2006

WILLIAM LILES P.O. BOX 7 MADISON, MS 39130-0007

SUBJECT: BURNS HIGH-RISE SPECIALISTS, LLC

Ref. Number: W06000037677

We have received your document for BURNS HIGH-RISE SPECIALISTS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 306A00052374

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Burns High-Rise Specialists, 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: |
| William Liles (Name of Person) |
| (Name of Person) |
| TAL 28 |
| Burns High-Rise Specialists To Topics (Firm/Company) |
| (Firm/Company) |
| |
| P.O. Box |
| P.O. Box (Address) |
| Madison MS 39130-0007 |
| (City/State and Zip Code) |
| P.O. Box 7 (Address) Madison MS 39130-0007 (City/State and Zip Code) For further information concerning this matter, please call: |
| William Liles at (601) 201-6842 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: STREET ADDRESS: |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| ☐\$125.00 Filing Fee |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE LIMITED LIARILIT | WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN YCOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|---------------------------------------|---|
| I. | Russe Hit-Ring Superhister // C |
| 1 | (Name of Foreign Limited Liability Company) |
| 2. State | of Mississippi 3. 76-0825 482 der the law of which foreign limited liability (FEI number, if applicable) |
| (Jurisdiction und company is orga | der the law of which foreign limited liability (FEI number, if applicable) |
| 44 | 6-10-2006 5 Perpetual |
| | Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 5. | TALS 200 |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. | 3793 Forest Hill Rd. |
| | Jackson MS 39282 |
| · · · · · · · · · · · · · · · · · · · | Jackson MS 39282 TO TO (Street Address of Principal Office) |
| | |
| s. It limited liai | bility company is a manager-managed company, check here |
| | William Liles 145 Hartfield Dr. Marison MS 39110 |
| | WILLIAM LIVES ITS HARTHELA Dr. MANISON, MIS STILL |
| | |
| | |
| O Au-1-11 | |
| | original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ear the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a |
| | rtificate under oath of the translator must be submitted.) |
| 1. Nature of b | usiness or purposes to be conducted or promoted in Florida: Building maintenance |
| involvina | Weather prosting painting window cleaning and pressure washing. |
| | J. J |
| | - Wat - Day |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes |
| | an affirmation under the penalties of perjury that the facts stated herein are true.) |
| | William C. Liles |
| | Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | of the Limited Liability Company is: | | |
|---------------|--|---|----------|
| \mathcal{B} | Burns High-Rise Specialists, Li | <u> </u> | |
| | | | |
| 2. The name a | and the Florida street address of the registered agent and office ar | ZOOL TALLI | |
| | William E. Qualls (Name) | 2000 SEP SECKET | <u> </u> |
| | (Name) | AN AN A- | |
| | 1021 Hwy. 2297 | OF S | O |
| | Florida Streef Address (P.O. Box NOT ACCEPTABLE) | 2: 04 STATE LPRID | |
| | Panama City FL 32404 | | |
| | City/State/Zip | 11.0.00.100.100.100.100.100.100.100.100 | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

BURNS HIGH-RISE SPECIALISTS, LLC

Formed April 10, 2006

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

That the registered office of said Limited Liability Company is located at:

3793 FOREST HILL ROAD JACKSON MS 39282

and that the registered agent at that address is:

BURNS, BOB

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office August 22, 2006

c Clark

ERIC CLARK Secretary of State

Cartifloation Number: 8200970-1 Page 1 of 1 Reference: Bob Burns-EM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify