1100000005787

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Bu	siness Entity Naı	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



000080901280

10/17/06--01024--020 **130.00

10/18/06--01028--024 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

William 45, 7 200



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2006

BARBARA WARNER
WARNER CONSTRUCTION CO. OF MS, LLC
1389 LANDFILL ROAD
LOUISVILLE, MS 39339

SUBJECT: WARNER CONSTRUCTION CO. OF MS, LLC

Ref. Number: W06000045715

We have received your document for WARNER CONSTRUCTION CO. OF MS; 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:

We didn't receive the 2nd page of application listing registered agent,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Letter Number: 806A00062017

Joey Bryan Document Specialist OF OCT 19 PH 3: 28

legal filings.com

16830 Ventura Blvd, Suite 360 Encino CA 91436 Phone: 818-592-4040 Fax: 818-592-4041

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the signed Certificate of Designation form Warner Construction Co of MS, LLC. Also, enclosed is a check made out to Florida Dept of State for the amount of \$25.00.

Please send any correspondence for this entity to:

Warner Construction Co. of MS, LLC ATTN: Barbara Warner 1389 Landfill Road Louisville, MS 39339

Sincerely,

Nikki Steen Customer Services OF OCT 19 PM 3: 29

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WARNER CONSTRUCTION CO OF MS., 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:
LARBARA WARNER S SEE (Name of Person)
(Name of Person) (Name of Person) (Name of Person) (Name of Person) (Pirm/Company) (Firm/Company) (Address)
Low's Ville, MS 39339 (City/State and Zip Code)
For further information concerning this matter, please call:
BARBARA WER at (662) 773-2337 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsiz \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$

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

	WITH SECTION 608:503, FD COMPANYTOTRANSACT B			SORWILLED TO K	EGISTER A FUREIGN
1. WARNE	R CM< TRees 7 (Name of Fe	in Co. L	F MS. LLd		
2. Miss (Jurisdiction und	er the law of which foreign li	3. imited liability	52-2169 (FEI num	1029 ber, if applicable)	<u></u>
company is organ	nized)				
4	1, 11999	5.	Perpetu	ial	
(D	1/1989 Pate of Organization)		(Duration: Year limited	d liability company	will cease to.
	•		oxisi or perpetual y		S C C
6. <u>~/</u> .	A- (Data first transports	d business in Cloud	a if prior to registeration		
	(See sections 608.501	& 608.502 F.S. to	la, if prior to registration determine penalty liabil	ity)	19 元
7. 1389	LANDFILL	ROAD			P RPGS
Low	Sville, M	s 3933	9		3: 2
		(Street Address of I	Principal Office)		9 5
9 If limited liab	ility company is a mana	gar managad aa	mmany, abaals hara	∨ 1	
e. II mmcu nao	inty company is a mana	ger-managed co	mpany, check here [A)	
9. The name and	usual business addresse	es of the managi	ng members or mana	agers are as follo	ows:
		•	•	J	
_BARBI	ARA WARNER-	er · 1389	LANDFILL	ROAD, A	Dus VI LLE,
	1 1/10000	1200 Inil	0 = 5 / 0 / 0	15 8 111	3 Just 2003
SHINES	W. WARIVER- 1	1387 MAHO	UPILL KOAD,	LOWSVILL	<u>-e m 37339</u>
	,				
10. Attached is an ori	ginal certificate of existence, n	o more than 90 days	old, duly authenticated b	y the official having	custody of records in
he jurisdiction under	the law of which it is organize	d. (A photocopy is a	not acceptable. If the certi		
ranslation of the certi	ificate under oath of the translat	tor must be submitte	d)		
11 31-4	siness or purposes to be	• •	. 1' 79 '1	CASTA	Dag & S
11. Nature of bus	siness or purposes to be	conducted or pr	omoted in Florida: _	CONS/14	107.0x
**************************************	Δ .	. (·	· · · · · · · · · · · · · · · · · · ·
	Sarbe	ara Wa	mer		
			rized representative		
			he execution of this docum hat the facts stated herein a		
	^	BARA (J)		4.50./	
		ed or printed na			

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

FLORIDA.	or Si
1. The name of the Limited Liability Company is:	OF OCT
WARNER CONSTRUCTION CO OF MS, LLC	19 F COR
2. The name and the Florida street address of the registered agent and office are:	FORATIONS PM 3: 29
Registered Agents Legal Services, L	3: 29 LC
155 OFFICE PLAZA DRIVE, Swite A Florida Street Address (P.O. Box NOT ACCEPTABLE)	
TALLAHASSEE FL 3230/ City/State/Zip	

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.

Denvel Aury

\$ 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:

WARNER CONSTRUCTION CO., OF MS, LLC

Formed October 29, 1999

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:

1389 LAND FILL ROAD LOUISVILLE MS 39339

and that the registered agent at that address is:

BARBARA WARNER

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.

SE SE MISS

Given under my hand and seal of office October 12, 2006

ric Clark

ERIC CLARK Secretary of State

Certification Number: 8305478-2 Page 1 of 1 Reference: barbara/fs Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify