## M09 00000 3877

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WP-42163



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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

OCT 1 2009

**EXAMINER** 

#### **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: AKA Insulation, UC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business	
Please return all correspondence concerning this matter to the following:	
Angelo Koundourakis Name of Person	
AKA Insulation, CCC	
'Eimte/Contanonal	
123 Hutchinson ferry Road ANSSTARY 30	$\Pi$
Bainbridge, GA 39819 City/State and Zip Code  Akainschation @ att. net	LED
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS:  Division of Corporations  Registration Section  Registration Section  Area Code & Daytime Telephone Number  STREET ADDRESS:  Division of Corporations  Registration Section	
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \] \$130.00 Filing Fee & Certified Copy of Status & Certified Cop	



September 21, 2009

ANGELO KOUNDOURAKIS 123 HUTCHINSON FERRY ROAD BAINBRIDGE, GA 39819

SUBJECT: AKA INSULATION LLC Ref. Number: W09000042163

We have received your document for AKA INSULATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 009A00030846

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. State of Georgia 3. Co- (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. 14 Sept 07 (Date of Organization)  5. Perpetual Em E (Duration: Year limited liability company will be ase to exist or "perpetual")
6. None Drior to Registration  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 123. H. M. See Sections Polymer Polyme
7. 123 Hutchinson Ferry Rd  Bainbrookse, GA 39819  (Street Address of Principal Office)
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Patricia Adams 123 Hatchinson Ferry Rd Bandondse, OA 89819
Bandonder, OA 39819
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Testallation of Installation
in construction

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.)

Konndonrokis
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.

1. The name of the Limited Liability Company is:			
AKA Insulation LLC	<u></u>		
If unavailable, the alternate to be used in the state of Florida is:			
Koxie Adams	<del></del>		
2. The name and the Florida street address of the registered agent and office are:	SECRETARY	2009 SEP	<b>"T</b> ]
Koxie Adams	TAR ASS	30	
(Name)  3411 Bradenton Ave  Florida Street Address (P.O. Box NOT ACCEPTABLE)	Y OF STATE EE, FLORID	AH 10: 35	ED
Parama City FL 32405 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.

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

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 07082223

## 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

#### AKA INSULATION L.L.C.

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 09/21/2007 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 11th day of September, 2009

Karen C Handel Secretary of State

Faun Chandel

Certification Number: 4587520-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp