M11000004710

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fog Free Technologies,	LLC
Name	of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	er to the following:
Anna W. Shepherd	
	Name of Person
Fog Free Technologies, LL	C
	Firm/Company
4365 Dorchester Rd., Bld	g. 300, Suite 301
	Address
North Charleston, SC 2940	05
	City/State and Zip Code
anna@fogfreetechnolog	gies.com be used for future annual report notification)
E-man address. (to	oc used for future aimual report nonneation)
For further information concerning this matter, please	call:
Anna Shepherd	_{at (} 843) 735-6626 ext. 2
Name of Person	Area Code & Daytime Telephone Number
	STREET ADDRESS:
	Division of Corporations Registration Section
	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount [7]\$125.00 Filing Fee Certificate of Status	& \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
	·



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 SEP 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 16, 2011

ANNA W SHEPHERD 4365 DORCHESTER RD BLDG 300 - STE 301 N CHARLESTON, SC 29405

SUBJECT: FOG FREE TECHNOLOGIES, LLC

Ref. Number: W11000047956

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

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00021499

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		SITTLE OF TECHNOLE	
l.	Fog Free Technologies, LLC		
	(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.	," or "LLC.")
	name unavailable, enter alternate name adopted for the purpos asent of the managers or managing members adopting the altern		
	mpany," "L.L.C," "LLC.")	nate name. The anemate name must men	ide Limited Liability
	South Carolina 3	270822934	
7	Jurisdiction under the law of which foreign limited liability	(FEI number, if applicat	ole)
•	company is organized)	(··,
1.	August 26, 2009 5.	December 31, 2059	ლ №
	(Date of Organization)	(Duration: Year limited liability comp	pany will crase to
		exist or "perpetual")	AE SEP
5.	N/A		
	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.)	ida, if prior to registration.) to determine penalty liability)	SET OP
,	4365 Dorchester Rd., Bldg. 300, Suite 30	1	자유 공 D
٠.	Too Dolohosel 11a., Blag. 000, Calle 00	<u> </u>	<u> </u>
	North Charleston, SC 29405		: 28
	(Street Address o	f Principal Office)	7
,	If limited liability company is a manager managed a	sammanu ahaab kana 🗖	
٠.	If limited liability company is a manager-managed of	company, eneck here [7]	
).	The name and usual business addresses of the mana	ging members or managers are as	follows:
	Michael Leathernian	Nijebalaa Oladda	
	Michael Leatherwood	Nicholas Clekis	
	4355 Dorchester Rd.	171 Church St., Suite 160)
	North Charleston, SC 29405	Charleston, SC 29402	
v	Attached is an original certificate of existence, no more than 90 da	n a clid ability on the ordinated by the cofficient will	- incorporate A C
	jurisdiction under the law of which it is organized. (A photocopy		
	islation of the certificate under oath of the translator must be submi		roign za graga, a
,	Notice of husiness or removed to be conducted as	annuated in Plants.	
	Nature of business or purposes to be conducted or p	promoted in Florida:	
	wastewater and odor control treatment		•
	Africa of Grand or	origon contative of a manha	• -
	(In accordance with section 608.408(3), F.S., the execut	norized representative of a member	
	penalties of perjury that the facts stated herein are true.	I am aware that any false information su	bmitted in a
	document to the Department of State constitutes a		
	William H. (Doc) Knight		

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:	
Fog Free Technologies, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Clay Mitchell	
(Name)	
721 Cordova Ave.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Orlando FL 32804	
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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FOG FREE TECHNOLOGIES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 26th, 2009, with a duration that is until December 31st, 2059, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of September, 2011.

Mark Hammond, Secretary of State