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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2013

JAMES MOREHEAD COMPLETE DEMOLITION SERVICES, LLC P.O. BOX 176 CARROLLTON, GA 30112

SUBJECT: COMPLETE DEMOLITION SERVICES, LLC

Ref. Number: W13000032310

We have received your document for COMPLETE DEMOLITION SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order for your company to transact business in Florida, you must designate a Florida Registered Agent, the Agent must be contactable at a Florida street addrerss, and the Agent MUST SIGN the acceptance statement on the form.

If you do not have anyone connected with your company and no acquaintances or friends with a Florida street address, then you will have to retain the services of a law firm or registered agent company which will act as your Florida Registered Agent.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 813A00014019

www.sunbiz.org

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section
Division of Corporations

BRECT. COMPLETE DEMOLITION SERVICES, 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:

JAMES MOREHEAD
Name of Person
COMPLETE DEMOLITION SERVICES, LLC.
Firm/Company
P.O. BOX 176
Address
CARROLLTON, GEORGIA 30112
City/State and Zip Code
JAMES.CDS@ATT.NET
F. mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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_{...}770

830-9996

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. COMPLETE DEMOLITION SERVICES, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CDS, 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.} GEORGIA _{3.} 27-4813582
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 10-09-06 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. P.O. BOX 176
CARROLLTON, GEORGIA 30112
(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:
9. The name and usual business addresses of the managing members or managers are as follows:
JOEL DENNIS - P.O. BOX 176, CARROLLTON, GA. 30112
JAMES MOREHEAD - P.O. BOX 176, CARROLLTON, GA. 30112
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it 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: DEMOLITION
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

Typed or printed name of signee

JAMES MOREHEAD

penalties of perjury that the facts stated herein are true. I am aware that any 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.)

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	:
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COMPLETE DEMOLITION SERVICES, LLC.

If unavailable, the alternate to be used in the state of Florida is:

CDS, LLC.

2. The name and the Florida street address of the registered agent and office are:

TAMES MOREHEAD

(Name)

250/ / ST PLAZA EAST

Florida Street Address (P.O. Box NOT ACCEPTABLE)

PANAMA Cary BEACH FL 3240/

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)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER DATE INC/AUTH/FILED : October 09, 2006

: 0687103

JURISDICTION : Georgia PRINT DATE

: 5/29/2013 9:21:44 AM

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

COMPLETE DEMOLITION SERVICES, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



Brian P. Kemp Secretary of State