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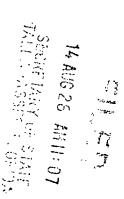
| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## **TRIFECT.** Four Point Construction Solutions, 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:

| Zachary M. Eastman   |  |  |  |  |
|--|--|--|--|--|
| Name of Person   |  |  |  |  |
| Zachary M. Eastman, P.C.   |  |  |  |  |
| Firm/Company   |  |  |  |  |
| 1230 Peachtree Street, NE, Suite 3540                              |  |  |  |  |
| Address  |  |  |  |  |
| Atlanta, Georgia 30309   |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |
| eastman@zmelaw.com   |  |  |  |  |
| E-mail address: (to be used for future annual report notification) |  |  |  |  |

For further information concerning this matter, please call:

Zachary M. Eastman

...404

876-8900

Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Four Point Construction Solutions, LLC  |   |
|--|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability C  | ompany," "L.L.C.," or "LLC.")   |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Fl Liability Company," "L.L.C," or "LLC.")   | lorida. The alternate name must include "Limited  |
| 2. Georgia 3.  |   |
| (Jurisdiction under the law of which foreign limited liability company is organized)  3.   | FEI number, if applicable)  |
| 4  |   |
| (Date first transacted business in Florida, if prior to regis<br>(See sections 605.0904 & 605.0905, F.S. to determine pena   | tration.)<br>Ity liability)   |
| 5. 1149 Creighton Road #7  |   |
| Pensacola, Florida 32504   |   |
| (Street Address of Principal Office)   |   |
| 6. 1149 Creighton Road #7  |   |
| Pensacola, Florida 32504   |   |
| (Mailing Address)  |   |
| 7. The name, title or capacity and address of the person(s) who has/hav  | ve authority to manage,is/are:  |
| Jason Blaydes, Manager, 1149 Creighton Roa   | d #7, Pensacola, 🏅  |
| Florida 32504.   | 1 5 mm  |
|  | - Company   |
|  |   |
| 8. 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   |   |
| acceptable. If the certificate is in a foreign language, a translation of the must be submitted)   |   |
| must be submitted)   |   |
|  | >   |
| Signature of an authorized person  | on  |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under am aware that any false information submitted in a document to the Department of State constitutes a third | er the penalties of perjury that the facts stated herein are true. It degree felony as provided for in s.817.155, F.S.) |
| Zachary M. Eastman   |   |

Typed or printed name of signee

## 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 30, 2012 JURISDICTION PRINT DATE

: 12085843 : Georgia : August 21, 2014

### 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

## FOUR POINT CONSTRUCTION SOLUTIONS, 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

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1) (d) FEORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE WREGISTERED OFFICE AND REGISTERED. AGENT IN THE STATE OF FLORIDA.

| 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:   |              |  |  |
|  | InCorp Service:                | s, Inc.                                   |              |  |  |
|  |                                | (Name)                                    | <del>-</del> |  |  |
|  | 17888 67th Coi                 | urf North                                 | _            |  |  |
|  |                                | Mess (P.O. Box NOT ACCEPTABLE)            | _            |  |  |
|  | Florida Street Ad              | was 29 It (a) there have not a containing |              |  |  |
|  | Fixeda Siree Ad                | 33470                                     |              |  |  |

Having been named as registered agent and to accept service of process for the above stated limited highlity 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-statistics 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 6050 Florida.

Manth 18 Mic Headows Nie for Incorp Services, mo. (Signature)

5 100.00 Filing Fee for Applications
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
5 5.00 Certificate of Status (optional)