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(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
COMO Anderson gave MARIORIZATION BY PHONE TO COMMECT TITLE DATE 9114-115 DOC. EXAM 45								

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations
*	All Weather Claims, LLC
SUBJI	CT:
	Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Colin Anderson
	Name of Person
	All Weather Claims, LLC
	Firm/Company
	225 Creekstone Ridge
	Address
	Woodstock, GA 30188
	City/State and Zip Code
	Info@AllWeatherClaims.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Colin Anderson 240 751-8597 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
Enclose	d is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

afilabla	م المحمد الم	- 41		I. Th IA		.1 3 . 61	
(If name unavailable, enter al Liability Company," "L.L.C,		or the purpose of trans	acting business in Florid	ia. The afternate hai	ne must inc	iude "I	Limited
2. Georgia		3. 4	7-1930329				
(Jurisdiction under the law company is organized)	of which foreign limited	d liability	(FEI nu	imber, if applicable)		
4	(Data first trans	coated business in Plan	ida, if prior to registration		_		
	(See sections 603	.0904 & 605.0905, F.3	S. to determine penalty li	iability)			
5. 225 Creekstone Ridge	, Woodstock, GA 301	88			_		
	•	t Address of Principal	Office)		-		
6. 225 Creekstone Ridge,	Woodstock, GA 3018	 			_		
		(Mailing Address)					
7. Name and street address	ss of Florida registere	d agent: (P.O. Box	NOT acceptable)		2 8		
Name:	CJ Anderson	a agemi (1.01.50m	<u></u>		C A	5 SE	وموروم
	6206 Forest City Ro	d .	·		AS	P -	ý ý Haritan
Office Address:			.	22010	SH C	_	ranges,
	Orlando	(City)	, Florid	(Zip code))F S [A - FL 23	PM 4:	in.
Registered agent's accep				` ' '			
Having been named as re designated in this applica	egistered agent and to ation. I hereby accept	accept service of partice of partice of partices.	rocess for the above s reeistered agent and	tated limited liab agree to act in th	ilit y c omp us canacit	o xy at v. I fu	the place orther agre
to complywith the provisi	ons of all statutes rel	ative to the proper of					
accept the obligations of	my position as registe	ered ageny					
				 	_		
		(Registered ager	it's signature)				
8. The name, title or capa	acity and address of the	ne person(s) who has	have authority to mar	nage is/are:			
Colin Anderson	GRICE	.0				_	
	,						
	·					-	
- · · · · · · · · · · · · · · · · · · ·						-	
9. Attached is a certificate	of existence, no more	e than 90 days old, d	uly authenticated by t	he official having	custody o	f reco	rds in the
jurisdiction under the law of the translator must be s		ed. (If the stifficate	is in a foreign langua	ge, a translation o	of the certi	ficate 1	under oath
of the translator must be s	uomineu)	[
	/	11/	basical massas		_		
		Signature of an aut	·			_	
This document is executed submitted in a document to	d in accordance with so the Department of S	éction 605.0203 (1) tate constitutes a thi	(b), Florida Statutes. I d degree felony as pro	am aware that an ovided for in s.81	y false inf 7.155, F.S.	ormati	on
	Colin Anderson		1		•		

Typed or printed name of signee

Control Number: 14093346

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

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

All Weather Claims, LLC

a Domestic Limited Liability Company

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

Docket Number
Date Inc/Auth/Filed
Jurisdiction

Jurisdiction Print Date Form Number : 12154296 : 09/25/2014

: Georgia : 9/7/2015

:211



Brian P. Kemp Secretary of State