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FEB 0 8 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT	NO.	:	I2000000019
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REFERENCE : 995011 7918422

AUTHORIZATION :

COST LIMIT : \$\frac{5}{125.00}

ORDER DATE: February 4, 2016

ORDER TIME : 9:11 AM

ORDER NO. : 995011-005

CUSTOMER NO: 7918422

FOREIGN FILINGS

NAME: OLDCASTLE SUREPODS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

	eign Limited Liability Company; n			
Liability Company," "L.L.C,	Iternate name adopted for the purp " or "LLC.")	iose of transacting busines	ss in Florida. The alterna	te name must include "Limited
2. Delaware		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if appl	cable)
4	(Date first transacted bus (See sections 605.0904 & 6	iness in Florida, if prior t	o registration.)	
5. 900 Ashwood Pkwy., S		05.0905, F.S. to determin	e penalty liability)	
Atlanta, GA 30338		<u> </u>		
alo Oldonatla I avy Grav	`	of Principal Office)		
6. c/o Oldcastle Law Grou				
900 Ashwood Pkwy.,	Suite 600, Atlanta, GA 30338	ng Address)		
M. Niemas and observe a delega	·	-	4-1-1-1	<u>j</u> e
7. Name and street addres	ss of Florida registered agent:	•	table)	₹ ਰ
Name:	Corporation Service Compar	ıy	_	
Office Address:	1201 Hays Street		_	
	Tallahassee		, Florida <u>32301</u> (Zip co	
designated in this applica to complywith the provisi	egistered agent and to accept s tition, I hereby accept the appo	service of process for the intment as registered the he proper and complet	he above stated limite agent and agree to ac te performance of my	d liability company at the place t in this capacity I further agree duties, and I am familiar with an
	By:	Land //		Courtney Williams
	(Reg	gistered agent's signature) -	1551. VICC 1 100100111
8. The name, title or cape	acity and address of the person	(s) who has/have author	ority to manage is/are:	•
see attached listing				
	of which it is organized. (If the			naving custody of records in the stion of the certificate under oath
	Hay Osti	Lluan		
	Signate Signate	ure of an authorized person	on	
This document is executed submitted in a document t	d in accordance with section 60 to the Department of State cons	05.0203 (1) (b), Florida	Statutes. I am aware t	hat any false information s.817.155, F.S.

Gary P. Hickman, Asst. Sec. of Oldcastle Light Building Products, LLC, as the

Oldcastle Surepods, LLC

Name	Title	Address
Bill Seery	Manager	900 Ashwood Pkwy., Suite 600, Atlanta, GA 30338
Daniel M. Nyce	Manager	901 Ashwood Pkwy., Suite 600, Atlanta, GA 30338
Gary P. Hickman	Manager	902 Ashwood Pkwy., Suite 600, Atlanta, GA 30338
John D'Aimco	Manager	903 Ashwood Pkwy., Suite 600, Atlanta, GA 30338
William B. Miller	Manager	904 Ashwood Pkwy., Suite 600, Atlanta, GA 30338

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Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OLDCASTLE SUREPODS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLDCASTLE

SUREPODS, LLC" WAS FORMED ON THE FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

TAY'S OF COMMENTS OF COMMENTS

Authentication: 201775555

Date: 02-03-16