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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM/MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARRICK GROUP 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:

OLGA BLANDFORD
Name of Person

WARRICK GROUP LLC
Firm/Company

1742 CENTRAL AVE
Address

SULLIVAN'S ISLAND, SC 29482
City/State and Zip Code

OBLANDFORD@WARRICKINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA BLANDFORD at (843) 708-1219
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

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16 JUN -3 PM 9:59
TALLAHASSEE, FL 32301

IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WARRICK GROUP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

WARRICK MANAGEMENT LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. SC

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-4863753

(FEI number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1742 CENTRAL AVE

SULLIVAN'S IS, SC 29482

(Street Address of Principal Office)

6. _____

(Mailing Address)

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: CAROL PASQUAROSA

Office Address 1104 WATERWAY DRIVE

Sebastian

Florida 32976

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CAROL PASQUAROSA

(Registered Agent Signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

OLGA BLANDFORD - President

1742 Central Ave
Sullivan's Is, SC 29482

KEITH BLANDFORD - Vice-President

1742 Central Ave Sullivan's Is, SC 29482

9. Attached is a 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 organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

OLGA BLANDFORD

Typed or printed name of signer

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

WARRICK GROUP LLC ,

a limited liability company duly organized under the laws of the State of South Carolina on January 12th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the 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 S.C. Code Ann. §33-44-809, 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 1st day
of June, 2016.


Mark Hammond, Secretary of State

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16 JUN -2 PM 9:59
TALLAHASSEE, FLORIDA