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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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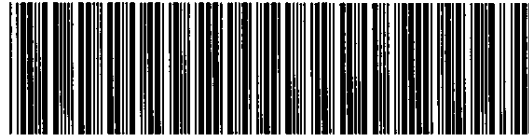
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VACUUM TRUCK RENTALS, 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:

LIZ MICHAELS

Name of Person

VACUUM TRUCK RENTALS, LLC

Firm/Company

305 WALKER CIRCLE, PO BOX 180789

Address

RICHLAND, MS 39218

City/State and Zip Code

lmichaels@vactruckrental.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZ MICHAELS

601

933-4650

at ( )

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. VACUUM TRUCK RENTALS, LLC

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

3. 64-0912634

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

(FEI number, if applicable)

4. 6-1-2016

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

5. 305 WALKER CIRCLE

RICHLAND, MS 39218

(Street Address of Principal Office)

6. PO BOX 180789

RICHLAND, MS 39218-0789

(Mailing Address)

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

Name: JONATHAN C BROWN

Office Address: 350 EAST LAS OLAS BLVD, SUITE 1420

FT LAUDERDALE

(City)

, Florida 33301

(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.

[Signature]  
(Registered agent's signature)

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

PAYTON L LOCKEY, AUTHORIZED MEMBER, 305 WALKER CIRCLE, RICHLAND, MS 39218

BT STEADMAN, AUTHORIZED MEMBER, 305 WALKER CIRCLE, RICHLAND, MS 39218

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.

BT STEADMAN, AUTHORIZED MEMBER

Typed or printed name of signee

FILED  
16 JUL -5 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DELBERT HOSEMANN**  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## **Certificate of Good Standing**

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **VACUUM TRUCK RENTALS, LLC**

Registered the 26th day of July, 1999

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1675 LAKELAND DR #501 39216  
JACKSON, MS 39236-2444

And that the registered agent at that address is:

LEONARD R CLARK, JR.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 29th day of June, 2016

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." The signature is written in a cursive style.

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16025181

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>