Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160001980813)))



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Division of Corporations

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Account Name : LICENSES ETC INC Account Number : T20070000159 Phone

Fax Number

: (239)777-1028 : (877)275-3593

Enter the email acdress for this business entity to be used for future annual report mallings. Enter only one email address please.

Email Address:

ETC@LICENSESETC.COM

Foreign Limited Liability Company IDEAL BUILDING SOLUTIONS LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

S Warren

AUG 1 2 2016

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COVER LETTER

TO: Registration Section					
Division of Corporation	ıs.				
SUBJECT: Ideal Building S	iolutions LLC				
	Name of I	Limited Liability C	ompuny		
The enclosed "Application by For Existence, and check are submitte					
Please return all correspondence of	oncerning this matter to the	following:			
Lisa Adams					
	N:	ame of Person			
Licenses, Etc	c.				
		rm/Company			
00C 440H	11 6.03 46				
886 110th A	lve. N., Suite #6	Address			
Naples, FL		127 61 1			
	City/Si	tate and Zip Code			
etc@licens					
	E-mail address: (to be used	l for future annual	report not	ilication)	
For further information concerning	g this matter, please call.				
Lisa Adams		at (239) 777	7-1028	
Name o	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle icc, FL 32301	
Enclosed is a check for the follow ☐ \$125 00 Filing Fee	ing amount: \$\Bigsim \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$	S155 00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS INTLORIDA

	ions LLC	many: must implide "I	united Liability Company," "L.L.C.	"or"ilC"
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iname unavailable, enter also ability Company," "L. C."	emate name adopted for or "LLC."	the purpose of mussicili	ng husiness in Florida. The alternate	vame must include "Limited
Georgia		3.	27-1966870	
Jurisdiction under the law company is organized)	i which foreign limited i	ability	(FHI number, if applica	able)
The second secon	(Date first transactions 605.05	cted business in Florida, 904 & 505.0905, F.S. to	if prior to registration.) determine penalty liability)	general and any and
6753 Jones Mill Co	urt, Suite F		. A vitale A to the sea of a command to the company of the company	and the same of th
Norcross, GA 3009				end con
110101033, GM 3003	(Street A	aldress of Pencips) Offi	ce)	
6753 Jones Mill Co				سسسه دال استان
Norcross, GA 3009	12			
110101033, 071 3003	· *	(Mailing Address)		
Name and street address				
rease and siteet address	-	•	Tirace classifier)	D: 5(
Name:	Licenses, Etc., Inc	C.	*************	O _M O
Office Address:	886 110th Ave. N	i., Suite #6		
Stream caracerri	•			
Street Carace (1)	Naples			
gistered agent's accepts		(City)	Florida 34108 (Zip code	
gistered agent's accepta wing been named as reg- signated in this application comply with the provision	ance: istered agent and to a on, I hereby accept th is of all statutes relati	(City) except service of process a appointment as reg ive to the proper and	Florida 34108	liability company at the place of this capacity. I further agree
gistered agent's accepta wing been named as reg- signated in this application comply with the provision	ance: istered agent and to a on, I hereby accept th is of all statutes relati	(City) except service of process a appointment as reg ive to the proper and	Florida 34108 (Zip code) css for the above stated limited to issered agent and agree to act to complete performance of my dis-	liability company at the place of this capacity. I further agree
gistered agent's accepts wing been named as reg- signated in this application comply with the provision ept the obligations of m	ance: istered agent and to a on, I hereby accept th as of all statutes relati v position as registere	(City) occept service of procue appointment as regione to the proper and all agent. (Registered agent's continuous agent)	Florida 34108 (Zip code) css for the above stated limited to issered agent and agree to act to complete performance of my dis-	liability company at the place of this capacity. I further agree
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egistered agent's accepta aving been named as reg- signated in this application comply with the provision cept the abligations of in The name, title or capac	ance: istered agent and to a on, I hereby accept th as of all statutes relati v position as registers iny and address of the President	(City) occept service of procue appointment as regione to the proper and all agent. (Registered agent's person(s) who has has	Florida 34108 (Zip code cass for the above stated limited laistered agent and agree to act in complete performance of my dudgmature) ve authority to manage is are:	liability company at the place in this capacity. I further agree atles, and I am familiar with an
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egistered agent's accepts aving been named as reg- ssignated in this applicant complywith the provision wept the obligations of m The name, title or capac 1.) Michael Finney - F 1277 Tiverton Plat Lawrenceville, GA Attached is a certificate or	istered agent and to a on, I hereby accept the sof all statutes relative position as registered by and address of the President Ce 30043 Lexistence, no mare the which it is organized.	(City) accept service of process appointment as regione to the proper and adaptate. (Registered agent's person(s) who has has 2.) Jason. 5359 Norcection of the proper and agent is a person (s) who has has a person (s) the person (s) in the property of the property of the property of the property of the person (s) in the p	Florida 34108 (Zip code cass for the above stated limited laistered agent and agree to act in complete performance of my duagrante) ve authority to manage is are: Finney - Vice President	inbility company at the place in this capacity. I further agree atles, and I am familiar with an ing eustody of records in the in of the certificate under oath

Typed or printed name of signee

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Control Number: 10014062

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

IDEAL BUILDING SOLUTIONS 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
Print Date
Form Number

13255690 : 02/23/2010 : Georgia : 08/11/2016



B: P. Kemp Secretary of State