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| (Re                                     | questor's Name)    |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
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| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | ısiness Entity Nar | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
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Office Use Only



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K. SALY

# **COVER LETTER**

| TO: Registration Section Division of Corporation   | s  |  | ·   |
|--|--|--|---|
| SUBJECT: Ar  | mor Mount<br>Name of I                                   | ain Industimited Liability Company             | ries LLC  |
|  |  |  | ansact Business in Florida," Certificate of y company to transact business in Florida |
| Please return all correspondence co  | oncerning this matter to the                             | following:                                     |   |
|  | Les ter  | Segal<br>ame of Person                         |   |
|  |  |  |   |
| <del></del>  | Jackson  | Hewith<br>rm/Company                           |   |
|  | F ii   | rm/Company                                     |   |
|  | 6650 Cres  | ishaw Dr<br>Address                            |   |
|  |  | L 32835<br>ate and Zip Code                    |   |
| <del></del>  | buiggins e Vi<br>E-mail address: (to be used             | king ecm. com                                  | ification)  |
| For further information concerning   | this matter, please call:                                |  |   |
| Lester S<br>Name of  | ega/<br>f Contact Person                                 | at ( 407 ) Day                                 | 30-2479<br>nime Telephone Number  |
| MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section duilding ecutive Center Circle see, FL 32301              |
| Enclosed is a check for the following \$125.00 Filing Fee  | ng amount: ☐ \$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<br>COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  | Υ  |
|---|----|
| 1. As mor Mountain That ustries 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. Feor 9 in 3. 77-2076580 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)   |    |
| 2. Veor 9 in (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)   |    |
| company is organized)   |    |
| 4. (Date first transacted business in Florida, if prior to registration.)   |    |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |    |
| 5   |    |
| 5   |    |
| 6   |    |
|   |    |
| Same (Mailing Address)  |    |
|   |    |
| 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)   |    |
| Name: Lester Segal  |    |
| Office Address: 6650 Chenshaw Dr  |    |
| - ( )   |    |
| Ovlando, Florida 32035  |    |
| (City) (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<br>to complywith the provisions of all statutes relative to the properland complete performance of my duties, and I am familiar with a   |    |
| accept the obligations of my position as registered agent.  | 14 |
| 1-2/1   |    |
| (Registered agent's signature)  |    |
| g V   |    |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  |    |
| MEChae O Grady, Manager, 3568 lebble Beach Dr. Augusta GA 3090  | 7  |
| Michael O'Grady, Manager, 3568 Pebble Beach Dr. Augusta GA 3090<br>Misty Wiggins, Manager, 1624 Hay 102, Warthen GA 31094   | ſ  |
| 71101 y Wet Jy 113 / 2 1010 / 100 / |    |
| <del></del>   |    |
| 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 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.  |    |
| Lester Social   |    |

Typed or printed name of signee

Control Number: 15033688

# STATE OF GEORGIA

**Secretary of State** 

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

### CERTIFICATE OF EXISTENCE

Blood 17 PA 1:12 I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Armor Mountain Industries 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

:10/12/2014 : Georgia :10/11/2016 :211



Brian P, Kemp Secretary of State