M170000003515

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





200296040612

200296040612 03/06/17--01020--004 **160.00

17 HAR 23 PM 12: 31

WHE SA YOU REPLE

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S				
SURJECT:	Professional Building Services, LLC Name of Limited Liability Company					
SOBOLC I.						
The enclosed Existence, as	d "Application by For nd check are submitted	eign Limited Liability Compa d to register the above referen	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please return	ı all correspondence c	oncerning this matter to the f	ollowing:			
	Karen L. Gamn	ion				
	Name of Person					
	Professional Building Services, LLC					
	Firm/Company					
	P.O. Box 1806					
	Address					
	Birmingham, Al. 35201					
		City/St	ate and Zip Code			
	kareng@regionso	contractors.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
Ka	iren L. Gammon		256 at (538-55(00	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Rep P.C	AILING ADDRESS: vision of Corporations gistration Section), Box 6327 Ilahassee, FL 32314			Division (Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2017

KAREN L GAMMON P.O. BOX 1806 BIRMINGHAM, AL 35201

SUBJECT: PROF. BUILDING SERVICES, LLC

Ref. Number: W17000019405

We have received your document for PROF. BUILDING SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is L17000016536.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00004467

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 RUSINESS. IN THE SECTE OF FLORIDA:

COMPAN) TO TRANSACT BC 1. Professional Building S	SINESS IN THE STATE OF FLORIDA: ervices. LLC		
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC	5.")
Prof. Duilding Services, L		NG SERVICES, LLC OF ALAG	
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate name mu	ist include "Limited
Jefferson County, Alaba		81-1596919	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. <u>N/A</u>			
5. 116 Distribution Drive	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
Homewood, AL 35209			
D O D 1907	(Street Address of Principal	Office)	
6. P.O. Box 1806			-
Birmingham, AL 3520	1		3 30
	(Mailing Address)		FILE SECTION OF THE S
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	:— -< im
Name:	CT Corporation System		PH 12:
Office Address:	1200 South Pine Island Road		6 25
	Plantation	, Florida 33324	- -
Registered agent's accep	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as	process for the above stated limited liability of registered agent and agree to act in this cannot complete performance of my duties, and he signature)	pacity. I further agree
8. The name, title or capa	icity and address of the person(s) who ha	s/have authority to manage is/are:	
Tai S. Cripps, P.O. Box 1	806, Birmingham, AL 35201 - mG/	2	
	1806, Birmingham, AL 35201 - MG		
		MBR	
9. Attached is a certificate	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authenticated by the official having custo e is in a foreign language, a translation of the	ody of records in the
	Laren L.	Hannon thorized person	
	/ Signature of an au	thorized 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.

Karen L. Gammon

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Professional Building Services, LLC was formed in Jefferson County, Alabama on February 26, 2016. The Alabama Entity Identification number for this entity is 354-298. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170302000004194

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/2/2017

Date

X.W. Merill

John H. Merrill

Secretary of State