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ECRETARY OF STATE

**S Warren** APR 2 0 2017

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:								
Name of Limited Liability Company								
The enclosed "A Existence, and cl	pplication by Fore heck are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat nced foreign limite	ion to Tran ed liability	nsact Business in Florida," Certificate company to transact business in Florid			
Please return all	correspondence co	oncerning this matter to the	following:					
	Pyo	in Hobbs	uma of Person		<del> </del>			
	Name of Person							
BYOOKS, LEBOPUT, BENNETT, FOSTEY & GWAYMEY P.A.								
909 E. PAVK AVI.								
•			Address					
	Tallahassee, FL. 32301  City/State and Zip Code							
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
		f Contact Person	_ at (		time Telephone Number			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations				STREET ADDRESS: Division of Corporations				
Registration Section P.O. Box 6327				Registration Section Cliston Building				
Tallahassee, FL 32314			2661 Executive Center Circle					
		•		Tallahass	ee, FL 32301			
Enclosed is a ch	eck for the follow	ing 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				
		Confidence of Status	сение сору		or 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 RI ISINESS IN THE STATE OF FLORIDA:

DD COVERED TO A CTO			
I .	R AND EQUIPMENT REPAIR, L.L.C.	V	WI LOW
(Name of Fore	ign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C."	ernate name adopted for the purpose of transactor "LLC.")	ting business in Florida. The alternate na	me must include "Limited
2. GEORGIA	3.	27-0859474	
	of which foreign limited liability	(FEI number, if applicable	)
4. February 1,			_
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.) to determine penalty liability)	
5. 2751 DOT HARVEY I			
			- ALSE 17
JAKIN, GA 39861			- CR 79 -T :
<sub>6</sub> 2751 DOT HARVEY R	(Street Address of Principal O	nice)	FIL APR 20 CRETAR CAHASS
6. 2731 DOT HARVET K	UAD		
JAKIN, GA 39861			
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box <u>N</u>	IOT acceptable)	AMIN: 50 OF STATE EE, FLORID
Name:	Ryan B. Hobbs		<b>≫</b>
Name:	Brooks LeBoeuf Bennett Fost	ter & Gwartney, P.A.	·
Office Address:	900 East Park Avenue		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	-
Registered agent's accept	ance: gistered agent and to accept service of pro	naces for the above stated limited lieb	ility company at the place
	ion, I hereby accept the appointment as r		
	ons of all statutes relative to the proper an	d complete performance of my dutie	s, and I am familiar with and
accept the obligations of h	ny position as registered agent.		
	_TOBUTY		
	(Registered agent'	s signature)	
8. The name, title or capa	city and address of the person(s) who has/l	have authority to manage is/are:	
RODNEY BROOKINS			
MANAGER/MEMBER			
2750 DOT HARVEY RO	AD, JAKIN, GA 39861		
	of existence, no more than 90 days old, du of which it is organized. (If the certificate i bmitted)		
	Signature of an author	orized 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.

Control Number: 09062300

# 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

### BROOKINS TRACTOR AND EQUIPMENT REPAIR, L.L.C.

#### 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

:14471687 :09/03/2009 :Georgia :04/12/2017 :211



Brian P. Kemp Secretary of State