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Division of Corporations

May 2, 2017

AMI MCBAY 2050 MARCONI DRIVE SUITE 220 ALPHARETTA, GA 30005 US

SUBJECT: WYARTT SUPPLY ENTERPRISES, LLC

Ref. Number: W17000037764

We have received your document for WYARTT SUPPLY ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00008614

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations
SUBJE	Wyatt Supply Enterprises, 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:

Ami McBay
Name of Person
Wyatt Supply Enterprises
Firm/Company
2050 Marconi Drive, Suite 220
Address
Alpharetta, GA 30005
City/State and Zip Code
license@lrogerselectric.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ami McBay	404	391-8713
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 & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

	ame adopted for the purpose of transacting business in			lity Company," "L.L.C," or "LLC.")	
State of Georgia	nich foreign limited liability company is organized)	3. <u>82-125336</u>		r, if applicable)	
<b>(-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</b>	nich foreign filmfied flabitity company is organized)		(PEL BUIDOC	r, it applicable)	
April 24, 2017	(Date first transacted business in Florida, if pric	er to consistention		<del></del>	
	(See sections 605.0904 & 605.0905, P.S. to det	termine penalty liability)			
2050 Marconi Drive	, Suite 220	6. 2050 Marco			
(Street Address of Principal Office) Alpharetta, GA 30005		(Mailing Address) Alpharetta, GA 30005			
		<del></del>			
<ol> <li>Name and street addres</li> <li>Name:</li> </ol>	s of Florida registered agent: (P.O. E CT Corporation	lox <u>NOT</u> acceptable)			
Name;		<del></del>		√: <b>_</b> •	
Office Address:	1200 South Pine Island Road	<del></del>			
	Plantation	, Flori	<sub>da</sub> <u>33324</u>		
Registered agent's accep	(City)		(Zip code)		
and accept the obligation	s of my position as registered agent.	James M. Halpin	munce oj my u	utles, and I am familiar with	
8. The name, title or cap	s of my position as registered agent.  (Registered agentation and address of the person(s) who	James M. Halpin Assistant Secretary nt's signature) has/have authority to m	anage is/are:		
	s of my position as registered agent.  (Registered age	James M. Halpin Assistant Secretary	anage is/are:		
8. The name, title or cap	acity and address of the person(s) who Name and Address:  Lindsey Schoultz	James M. Halpin Assistant Secretary nt's signature) has/have authority to m	anage is/are:	Name and Address: Lin R. Rogers	
8. The name, title or cap.  Title or Capacity:	(Registered agent.  (Registered agent)  (Registered agent)  (Registered agent)  (Registered agent)  (Registered agent)	James M. Halpin Assistant Secretary ont's signature) has/have authority to m Title or Capac	anage is/are:	Name and Address:	
8. The name, title or caps Title or Capacity: Managing Member	acity and address of the person(s) who  Name and Address:  Lindsey Schoultz  2000 Marconi Orive, Sulta 220  Apparatta, GA 30005	James M. Halpin Assistant Secretary of has/have authority to m Title or Canac Member	anage is/are:	Name and Address: Lin R. Rogers 2030 Marconi Drive, Sutte 220 Apharetz, GA 30005	
8. The name, title or cap.  Title or Capacity:	Registered agent.  (Registered agent.  (Regist	James M. Halpin Assistant Secretary ont's signature) has/have authority to m Title or Capac	anage is/are:	Name and Address: Lin R. Rogers 2030 Marconi Drive, Sutto 220 Apharetta, GA 30005 Lawrence Swink	
8. The name, title or cap Title or Capacity: Managing Member	acity and address of the person(s) who  Name and Address:  Lindsey Schoultz  2000 Marconi Orive, Sulta 220  Apparatta, GA 30005	James M. Halpin Assistant Secretary of has/have authority to m Title or Canac Member	anage is/are:	Name and Address: Lin R. Rogers 2030 Marconi Drive, Sutte 220 Apharetz, GA 30005	
8. The name, title or cap: Title or Capacity: Managing Member	Registered agent.  (Registered agent.  (Regist	James M. Halpin Assistant Secretary of has/have authority to m Title or Canac Member	anage is/are:	Name and Address: Lin R. Rogers 2050 Marconi Drive, Sutte 220 Apharetta, GA 30005  Lawrence Swink 2050 Marconi Drive, Sutte 220	
8. The name, title or cape  Title or Capacity:  Managing Member  Member  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law	Registered agent.  (Registered agent.  (Regist	James M. Halpin Assistant Secretary  ohas/have authority to m Title or Canasi Member  Member	anage is/are:	Name and Address: Lin R. Rogers 2050 Marconi Drive, Sutte 220 Apharetta, GA 30005  Lawrence Swink 2050 Marconi Drive, Sutte 220 Alpharetta, GA 30006	
8. The name, title or cape  Title or Capacity:  Managing Member  Member  (Use attachments if neces)  9. Attached is a certificate jurisdiction under the law	Apharetta, GA 30005  Christopher Rogers  2050 Marcoril Orive, Sulta 220  Apharetta, GA 30005  Christopher Rogers  2050 Marcoril Orive, Sulta 220  Apharetta, GA 30005  Sary)  cof existence, no more than 90 days of of which it is organized. (If the certifubmitted)	James M. Halpin Assistant Secretary  ohas/have authority to m Title or Canasi Member  Member	anage is/are:	Name and Address: Lin R. Rogers 2050 Marconi Drive, Sutte 220 Apharetta, GA 30005  Lawrence Swink 2050 Marconi Drive, Sutte 220 Alpharetta, GA 30006	
8. The name, title or caparity:  Managing Member  Member  (Use attachments if neces periodiction under the law of the translator must be second to the translator mus	Registered agent.  (Registered agent.  (Regist	James M. Halpin Assistant Secretary  of has/have authority to m  Title or Capac  Member  Member  Member  Idd, duly authenticated by icate is in a foreign languature of an authorized/person  1203 (1) (b), Florida State	anage is/are:  itv:  the official havage, a translation	Name and Address:  Lin R. Rogers  2030 Marconi Drive, Sutto 220  Apharetta, GA 30005  Lawrence Swink  2030 Marconi Drive, Sutto 220  Alpharetta, GA 30006  ving custody of records in the on of the certificate under oatle	
8. The name, title or caparity:  Managing Member  Member  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	Registered agent.  (Registered agent.  (Regist	James M. Halpin Assistant Secretary  of has/have authority to m  Title or Capac  Member  Member  Member  Idd, duly authenticated by icate is in a foreign languature of an authorized/person  1203 (1) (b), Florida State	anage is/are:  itv:  the official havage, a translation	Name and Address:  Lin R. Rogers  2030 Marconi Drive, Sutto 220  Apharetta, GA 30005  Lawrence Swink  2030 Marconi Drive, Sutto 220  Alpharetta, GA 30006  ving custody of records in the on of the certificate under oatle	

Typed or printed name of signee

Control Number: 17041273

# 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

## Wyatt Supply Enterprises, 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
Fonn Number

:14511624 :04/17/2017 :Georgia :05/09/2017 :211



Brian P. Kemp Secretary of State