

# MI7000005300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

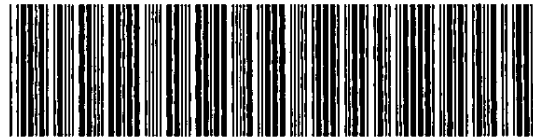
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DIVISION OF CORPORATIONS  
2017 JUN 19 AM 8:21

N. CAUSSEAU

JUN 22 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Superior Insulation of the Gulf Coast, 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:

**Amy Perry**

Name of Person

**Superior Insulation of the Gulf Coast, LLC**

Firm/Company

**14410 Creosote Rd., Suite B**

Address

**Gulfport, MS 39503**

City/State and Zip Code

**extsolutions.accounting@live.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Amy Perry**

Name of Contact Person

at ( **228** ) **214-2303**

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 &  
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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Superior Insulation of the Gulf Coast, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Superior Insulation of Gulfport, 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. Mississippi

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-4588575

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14410 Creosote Rd, Suite B

(Street Address of Principal Office)

Gulfport, MS 39503

6. 14410 Creosote Rd, Suite B

(Mailing Address)

Gulfport, MS 39503

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Wayne Miller

Office Address: 1681 Hwy 177A

Bonifay

(City)

Florida 32425

(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 to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Wayne S. Miller*  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

LLC Member

Benjamin Perry

11514 Troutman St

Gulfport, MS 39503

(Use attachments if necessary)

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]*  
Signature of an authorized person

10. 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.

*Benjamin Perry*  
Typed or printed name of signer

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IN FLORIDA**

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\_\_\_\_\_  
(Registered agent's signature)

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<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
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LLC Member

Benjamin Perry

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Gulfport, MS 39503

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Benjamin Perry  
Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUN 19 AM 8:22



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **SUPERIOR INSULATION OF THE GULF COAST, LLC**

Registered the 19th day of January, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2355 Pass Road  
Biloxi, MS 39531

And that the registered agent at that address is:

Jordan, Jay K.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 14th day of June, 2017

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN17038458

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

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