

M17000005605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

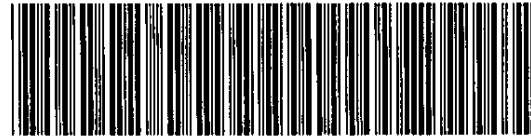
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-49193

Office Use Only



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06/09/17--01003--007 \*\*125.00

FILED  
17 JUN 30 AM 11:25  
DIVISION OF CORPORATIONS

O SIMMONS  
JUL 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2017

JILL BUCKNER  
PO BOX 7149  
SAVANNAH, GA 31418

SUBJECT: MACS SUPPLY OF SAVANNAH, LLC  
Ref. Number: W17000049193

We have received your document for MACS SUPPLY OF SAVANNAH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 817A00011842

RECEIVED  
2017 JUN 30 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED JUN 19 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MACS SUPPLY OF SAVANNAH, 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:

**JILL BUCKNER**

Name of Person

**MACS SUPPLY OF SAVANNAH, LLC**

Firm/Company

**PO BOX 7149**

Address

**SAVANNAH, GA 31418**

City/State and Zip Code

**JILL@MACALJON.COM**

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

For further information concerning this matter, please call:

**JILL BUCKNER**

Name of Contact Person

at (

**912**

Area Code

**236-9333**

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. MACS SUPPLY OF SAVANNAH, LLC

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

MACS SUPPLY, 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. GEORGIA

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

3. 475049229

(FEI number, if applicable)

4. 06/01/2017

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

5. 2801 US HWY 17 SOUTH

(Street Address of Principal Office)

RICHMOND HILL, GA

31324

6. PO BOX 7149

(Mailing Address)

SAVANNAH, GA

31418

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DIVISION OF CORPORATIONS

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

Name: MARION ALEXANDER

Office Address: 2475 LLOYD ROAD

JACKSONVILLE

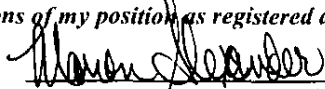
(City)

, Florida 32254

(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.*



(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:**

PRESIDENT

MARION ALEXANDER

GEN MGR

BARRY ALEXANDER

PO BOX 7149  
SAVANNAH, GA 31418

4524 OGEECHEE RD  
SAVANNAH, GA 31405

OPS MGR

DENISE LITCHFIELD

ASST CONTROLLER

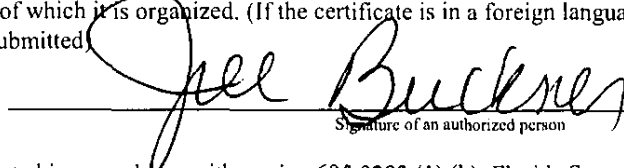
JILL BUCKNER

2801 US HWY 17 SOUTH  
RICHMOND HILL, GA 31324

PO BOX 7090  
SAVANNAH, GA 31418

(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 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.

JILL BUCKNER, ASST CONTROLLER

Typed or printed name of signee

# 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

**MACS Supply of Savannah, 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 : 14694464  
Date Inc/Auth/Filed : 09/09/2015  
Jurisdiction : Georgia  
Print Date : 06/06/2017  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State