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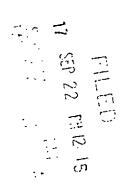
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## **COVER LETTER**

TO:

attn Dionne

	istration Section ision of Corporation	ns				
SUBJECT:	JL Persons Mechan	ical LLC				
SOBJECT.		Name of	Limited Liability C	ompany	<del></del>	
					ansact Business in Florida," Certifica y company to transact business in Fl	
Please return	all correspondence of	concerning this matter to the	following:			
	Jared L. Person	ıs				
		N	ame of Person			
	JL Persons Me	chanical LLC				
		F	irm/Company			
	120 Colvin St.					
			Address			
	Mobile, AL 36	606				
		City/S	tate and Zip Code			
	maria@jlpersons	mechanical.com  E-mail address: (to be used	d Can Catalan annual a		(Conton)	
For further in	nformation concernin	g this matter, please call:	u for tuture amituari	report noi	imeation)	
	ria Sangilan		251	308-87	38	
<del></del> ,		f Contact Person	_ at ( Area Code	.) Day	rtime Telephone Number	
Divi Reg P.O	ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
2 AM (#: 4.6 s	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy	
2 م	. # 36 - <b>4</b>				Service Of	-

## 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:

(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Defuniak Springs  (Cay)  (Cay)  (Cay)  (Cay)  (Cay)  (Cay)  (Registered agent and complete performance of my dulles, and I am forpillar accept the obligations of my position an registered agent.  (Registered agent's signature)	(Dure first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Defuniak Springs  (Ces.)  (Ce	(Daradection under the law of which foreign limited liability company) is organized)  (Date first transacted business in Florida, if prior to registration.) (See excitom 605.0904 & 605.0905, F.S. to determine penalty liability)  120 Colvin St. (See Address of Principal Office)  (Mailing Address)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steven Tancredi  Office Address: 362 Schubert Circle  Defuniak Springs (Ca) (Ca) (Ca) (September 4 agent's acceptance: thing been named as registered agent and to accept the appointment as registered agent and agree to act in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of my position at registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Mobile, AL 36606	me unavailable, enter alternate o	name adopted for the p	surpose of transactin	g business in Florida	The alternat	te name must include	Limited Liability Co	ompany,""L.L.	C," or "LLC.
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0994 & 603.0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Office Address:  (City)  Gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the gignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes gelative to the proper and complete performance of my duties, and I am familiar disaccept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage isfare:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Defuniak Springs  (City)  (Ci	(Date first transacted business un Florida, if prior to registration.) (See sections 605.0904 & 605.0905; E.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  362 Schubert Circle  Defuniak Springs  (Cos.)  (Cos.)	Alabama				3. 46	-4585478			
(Date first transcated business in Florida, if prot to registration.) (See sections 605,0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Defuniak Springs  (City)  Grip code)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the ingulated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further than the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position at registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:	(Date first transcated business in Florida. (Prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  362 Schubert Circle  Defuniak Springs  (Cay)  (Cay)  (Cay)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the impact of interest and the provisions of all statutes relative to the proper and complete performance of my differs, and I am family accept the obligations of my position at registered agent.  (Registered agent's signature)  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:  Name and Address:	(City)    Color in St.   (Street Address of Principal Office)   (Mailing Address)	(Jurisdiction under the law of w	hich foreign limited li	ability company is o	rganized)			(FEI number, if a	pplicable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steven Tancredi  Office Address: 362 Schubert Circle  Defuniak Springs  (City)  Defuniak Springs  (City)  (City)	(See sections 603,0904 & 603,0905, F.S. to determine penalty liability)  [Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steven Tancredi  Office Address: 362 Schubert Circle  Defuniak Springs  (Cay)  [Cay)  [Cay]  [C	120 Colvin St.   (Street Address of Principal Office)   (Mailing Address)   (Mailing	n/a								
120 Colvin St.  (Street Address of Pracipal Office)  Mobile, AL 36606  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Steven Tancredi  Office Address:  Defuniak Springs  (City)  (C	120 Colvin St.  (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Defuniak Springs  (Cay)  Gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furnish accept the obligations of my position at registered agent.  (Registered agent's signature)  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:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:	120 Colvin St. (Street Address of Principal Office)  Mobile, AL 36606  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Steven Tancredi  Office Address: 362 Schubert Circle  Defuniak Springs (Cn3)  Sistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further than the provisions of all statutes relative to the proper and complete performance of my distres, and I am familiar I accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is fare:  Title or Capacity: Name and Address:  Title or Capacity: Name and Address:  Mobile, AL 36606		(Date first trans	sacted business in Fl	lorida, if prior to regist	ration.)	tv)		-	
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Office Address:    Defuniak Springs	Office Address:    Defuniak Springs	Office Address:  Defuniak Springs  (Cay)  (Cay)  (Specific code)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further omply with the provisions of all statutes relative to the proper and complete performance of my disties, and I am fortillar accept the obligations of my position at registered agent.  (Registered agent's signature)  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:  Name and Address:  120 Colvin St.  Mobile, AL 36606	<u> </u>			. (11912011 <u>13</u>		<b>,</b>		•	-55
Defuniak Springs  (City)  (Cit	Defuniak Springs  (City)  (Cit	Defuniak Springs  (City)  (Cit	Name:	Steven Tanci	reat	<del> </del>		<del></del>			
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Title or Capacity:     Name and Address:     Title or Capacity:     Name and Address:       Owner     Jared L. Persons       120 Colvin St.	Title or Capacity:     Name and Address:     Title or Capacity:     Name and Address:       Owner     Jared L. Persons       120 Colvin St.	Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Dared L. Persons  120 Colvin St.  Mobile, AL 36606	iving been named as re signated in this applica comply with the provisi	egistered agent tion, I hereby i ions of all statu	and to accept accept the app ites gelative to	service of proc pointment as rej the proper and	gistered	agent and agre	ee to act in thi	is çapacity.	. I furthe
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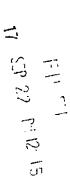
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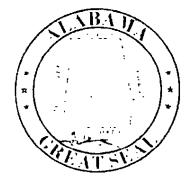
John'H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## 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 JL Persons Mechanical, LLC was formed in Mobile County, Alabama on February 5, 2014. The Alabama Entity Identification number for this entity is 296-775. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20161213000008268

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.

12/13/2016

Date

X. W. Merill

John H. Merrill

Secretary of State