

M17000008632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

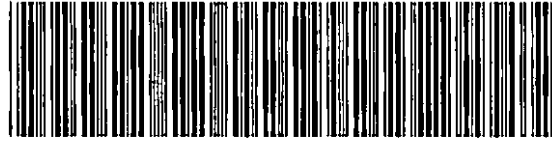
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

reject from
W17-74882

Office Use Only



700303400807

10/09/17--01004--020 **55.00

09/18/17--01002--011 **70.00

DIVISION OF CORP. & BANK

17 OCT -9 AM 10:27

FILED

O SIMMONS

OCT 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

DONALD SLASLE
9 GLEN MIZE WAY
GRAY, TN 37615

SUBJECT: PUROFIRST OF TRI CITIES, LLC
Ref. Number: W17000074882

We have received your document for PUROFIRST OF TRI CITIES, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

The form you submitted is for a CORPORATION, but your entity is a FOREGIN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 017A00019025

2017 OCT -9 AM 11:54

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Puno First of Tri Cities 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:

Donald W. Slagle
Name of Person

Puno Clean of Tri Cities
Firm/Company

9 Glen Mize Way
Address

Gunny TN. 37615
City/State and Zip Code

d. slagle @earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Slagle at (423) 477-8400
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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. PuroFirst of Tri Cities LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Tennessee 3. 62-1749384
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/14/17
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9 Glen Mize Way
(Street Address of Principal Office)
Gray TN. 37615

6. 9 Glen Mize Way
(Mailing Address)
Gray TN. 37615

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

Name:

Mike Brodumick

Office Address:

6001 Hixtus Rd. Ste B

Tamara FL.

(City)

Florida

33321

(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.

Michael Brodumick

(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:

Production Mgrs.

Joshua Lay
9 Glen Mize Way
Gray TN. 37615

(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)

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.

[Signature]
Signature of authorized person

Donald W. Shute
Typed or printed name of signee

17 OCT -9 AM 10:29
DIVISION OF REVENUE

FILED



**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Tre Hargett
Secretary of State

DONNIE SLAGLE
9 GLEN MIZE WAY
JOHNSON CITY, TN 37615

September 13, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0250529

Issuance Date: 09/13/2017
Copies Requested: 1

Document Receipt

Receipt #: 003573383

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3710851064

\$20.00

Regarding: PUROFIRST OF TRI CITIES, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 355468

Formation/Qualification Date: 08/04/1998

Date Formed: 08/04/1998

Status: Active

Formation Locale: TENNESSEE

Duration Term: Expires: 08/06/2048

Inactive Date:

Business County: WASHINGTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PUROFIRST OF TRI CITIES, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 024122117