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Special Instructions to	Filing Officer:	

Office Use Only



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2017

JERRY VARNADO 304 CADEN WAY PINEY FLATS, TN 37686

SUBJECT: JERRY'S 24 HOUR LOCKOUT SERVICE LLC

Ref. Number: W17000097008

We have received your document for JERRY'S 24 HOUR LOCKOUT SERVICE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

Letter Number: 017A00024741

#### **COVER LETTER**

TO:

TO: Registration Section Division of Corporations
SUBJECT: Terris 24 Hour Lockout Service" (" 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:
Jerry Varnado Name of Person
Jerry's 24 Hour Lockout Service" (C"
304 Caden Way
Piney Flats TO 371086 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (423) 738131  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 of Status  □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate Opy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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Cect address of Florida registered agent: (P.O. Box NOT acceptable)  LEGALINC CORPORATE SERVICES INC.  S237 SUMMERLIN COMMONS BLVD, SUITE 400  FORT MEYERS  (City)  (C	Name: LEGALINC CORPORATE SERVICES INC.  Office Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400  FORT MEYERS , Florida 33907  Cogistered agent's acceptance: (City) , Florida 33907  Cogistered agent's acceptance: (City) , Florida 33907  Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.  (Registered agent) (Registered	Name: LEGALINC CORPORATE SERVICES INC.  Office Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400  FORT MEYERS , Florida 33907  FORT MEYERS , Florida 33907  cegistered agent's acceptance: (City) , Florida and to accept service of process for the above stated limited liability company at the program of the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the abligations of my position as registered agent.  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:
Cect address of Florida registered agent: (P.O. Box NOT acceptable)  LEGALINC CORPORATE SERVICES INC.  S237 SUMMERLIN COMMONS BLVD, SUITE 400  FORT MEYERS  (City)  (C	Name: LEGALINC CORPORATE SERVICES INC.  Office Address:  FORT MEYERS  Originated agent and to accept the appointment as registered agent and agree to act in this capacity.  It is name, the or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  (Mading Address)  (Maddress)	Name: LEGALINC CORPORATE SERVICES INC.  Office Address: S237 SUMMERLIN COMMONS BLVD, SUITE 400  FORT MEYERS , Florida 33907  FORT MEYERS , Florida agent's acceptance: (City) , Florida agent and to accept service of process for the above stated limited liability company at the programmed 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 relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent.  (Registered agent's niground)  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:
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### **Division of Business Services Department of State**

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

#### **JERRY VARNADO**

JERRY VARNADO 304 CADEN WAY

PINEY FLATS, TN 37686

Request #:

Request Type: Certificate of Existence/Authorization

0258588

**Document Receipt** 

Receipt #: 003675991

Payment-Credit Card - State Payment Center - CC #: 3716090376

Regarding:

JERRY'S 24 HOUR LOCKOUT SERVICE LLC

Filing Type:

Limited Liability Company - Domestic Formation/Qualification Date: 10/17/2017

Status:

Active Perpetual

**Duration Term:** 

Business County: SULLIVAN COUNTY

November 29, 2017

Issuance Date: 11/29/2017

Copies Requested:

Filing Fee:

\$20.00

\$20.00

Control # ·

928037

Date Formed: 10/17/2017

Formation Locale: TENNESSEE

Inactive Date:

#### 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

## JERRY'S 24 HOUR LOCKOUT SERVICE 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 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

Secretary of State

Processed By: Cert Web User Verification #: 025283835