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### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	All Surface Flooring LLC	
3000	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification and check are submitted to register the above referenced foreign limited liability company to transact business in Fl	
Please	urn all correspondence concerning this matter to the following:	
	James R Leonard	
	Name of Person	
	All Surface Flooring LLC	
	Firm/Company	
	613 SE 22nd Ter	
	Address	
	Cape Coral, FL 33990  City/State and Zip Code	<b>:1</b>
	Cape Coral, FL 33990  City/State and Zip Code  jamesleonard045@yahoo.com	erana Tanana
	jamesleonard045@yahoo.com	17
	E-mail address: (to be used for future annual report notification)	(C)
For fur	r information concerning this matter, please call:	
	ames R Leonard 239 443-9041 at ( )	
	Name of Contact Person Area Code Daytime Telephone Number	
	ALLING ADDRESS: Division of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 Clifton Building Tallahassee, FL 32301	
Enclos	s a check for the following amount:  I \$125.00 Filing Fee	

## 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:

(If name uppy lights are alteres -	name adopted for the purpose of transacting business in Flori	da. The alternate	name must include "I	imited Liabili	ity Company."	"L.L.C," or	"LLC.")
	name adopted for the pintpase of transacting duraness in Flori		0884197		.,,	·	
2. Oklahoma (Jurisdiction under the law of w	then foreign limited liability company is organized)	3. <u>31-</u>	0004171	(FEI number	, if applicable	1	
4.							
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) e penalty liabilit	y)				
5. 613 SE 22nd Ter (Sireet Address of	Principal Office)	6. <u>SAN</u>	ME (M	ailing Addres	:5)		<del></del>
Cape Coral, FL						_	
33990			<u></u>	_			
7. Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	otable)				
Name:	James R Leonard		<del></del>		Ξ,	23	
Office Address:	613 SE 22nd Ter		<u> </u>			ii. 0107	TT:
	Cape Coral		, Florida <u>339</u>	90	<u>5</u>		
Registered agent's accep	(City)			(Zip code)	); ;;	د	
to comply with the provis	ntion. I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	and comple (	agent and agre ete performance	e to act ir e of my di	uties, and	I am fan	urther agre niliar with
to comply with the provis and accept the obligation	sions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's si	and comple	ete performance	e of my di	uties, and	I am fan	urther agre niliar with
to comply with the provis and accept the obligation	tions of all statutes relative to the proper to sis of my position as registered agent.	and comple	ete performance	e of my di	uties, and	I am fan	niliar with
to comply with the provis and accept the obligation 8. The name, title or cap	Registered agent's si acity and address of the person(s) who has Name and Address:  James R Leonard	and comple	ority to manage	e of my di	uties, and	Tam fan	niliar with
to comply with the provis and accept the obligation  8. The name, title or cap Title or Capacity:	rions of all statutes relative to the proper of as of my position as registered agent.  (Registered agent's signature and address of the person(s) who has Name and Address:	and comple	ority to manage	e of my di	uties, and	Tam fan	niliar with
to comply with the provis and accept the obligation  8. The name, title or cap Title or Capacity:	Registered agent's si acity and address of the person(s) who has  Name and Address:  James R Leonard  613 SE 22nd Ter	and comple	ority to manage	e of my di	uties, and	Tam fan	niliar with
to comply with the provis and accept the obligation  8. The name, title or cap Title or Capacity:	Registered agent's si acity and address of the person(s) who has  Name and Address:  James R Leonard  613 SE 22nd Ter	and comple	ority to manage	e of my di	uties, and	Tam fan	niliar with
to comply with the provis and accept the obligation  8. The name, title or cap Title or Capacity:	Registered agent's si active and address of the person(s) who has Name and Address:  James R Leonard  613 SE 22nd Ter Cape Coral, FL 33990	and comple	ority to manage	e of my di	uties, and	Tam fan	niliar with
8. The name, title or cap Title or Capacity: Manager  (Use attachments if necess	rions of all statutes relative to the proper is of my position as registered agent.  Registered agent's signature and address of the person(s) who has Name and Address:  James R Leonard  613 SE 22nd Ter  Cape Coral, FL 33990  ssary)  e of existence, no more than 90 days old, or of which it is organized. (If the certificate	gnature) s/have auther	ority to manage or Capacity:	is/are:	Name a	nd Addr	ess:
8. The name, title or cap  Title or Capacity:  Manager  (Use attachments if necessity:  9. Attached is a certificate jurisdiction under the law of the translator must be seen to compare the second t	rions of all statutes relative to the proper is of my position as registered agent.  Registered agent's signature and address of the person(s) who has Name and Address:  James R Leonard  613 SE 22nd Ter  Cape Coral, FL 33990  ssary)  e of existence, no more than 90 days old, or of which it is organized. (If the certificate	gnature) s/have authoritile (	ticated by the of eign language, a prida Statutes. I elony as provide	is/are:	Name a	nd Addro	ess:

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



# CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that ALL SURFACE FLOORING, LLC whose registered agent is JAMES R LEONARD, with its registered office at 810 M. CANADIAN PURCELL 73080 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>28th</u>, day of <u>December</u>, <u>2017</u>.

Secretary Of State