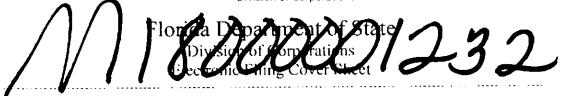
Division of Corporations



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101		
	Division of Corporations	

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Fax Number : (850)617-6383

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

		`	
Email	Address:		

### Foreign Limited Liability Company TUGGLE HANDYMAN SERVICE, LLC

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY OF MANAGED MASSIC URLENNINS. INTUITE STATE OF FLORIDA.

	ign Limited Liability Company; mus	t include "Limited Ligh	oility Company," "L.L.C.," or "	TLLC,")		
If name unavailable, enter al- Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of transacting business	s in Florida. The alternate nam	e must includ	le "Limitec	l
GEORGIA		3. N/A				
(Jurisdiction under the law company is organized)	of which foreign limited hability		(FEI number, if applicable)			
1. N/A				•	Ö	
-	(Date first transacted busines (See sections 605,0904 & 605.9	ss in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)	£	FEB	
3030 N. ROCKY POI	INT DR, STE 150A, TAMPA, F	FL 33607		\$-	1. Ec.	-
•				<b>7</b>	ı.	
	(Street Address of P	rincipal Office)	<del>-</del>		2	
a 3030 N. ROCKY POI	NT DR. STE 150A, TAMPA, F			•	ب	
o, <u></u>				, , , , , , , , , , , , , , , , , , ,	رز. از ا	
	(Mailing /	Viddress)		- F		
7. Name and street addres	s of Florida registered agent: (P.)	O. Box NOT accept	able)			
	REGISTERED AGENTS INC	•				
Name:			_			
Office Address:	3030 N. Rocky Point Dr.	. STE 150A	-			
	Tampa		, Florida 33607 (Zip code)	_		
	(City)		(Zip code)			
designated in this applicate complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered a proper and complete	gent and agree to act in thi performance of my duties,	s capacity.	I further	agree
	Jell Nam	ered agent's signature)		-		
	(Registe	ered agent's signature)				
			3			
•	acity and address of the person(s)					
•	acity and address of the person(s) MBER, 3030 N. ROCKY POIN					
DUSTIN TUGGLE, ME	MBER, 3030 N. ROCKY POIN	IT DR, STE 150A,				
DUSTIN TUGGLE, ME	- ·	IT DR, STE 150A,				

Typed or printed name of signee

**RILEY PARK** 

Control Number: 17098553

### STATE OF GEORGIA

## **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dc. Atlanta, Georgia 3033/-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

#### TUGGLE HANDYMAN SERVICE, 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. 11

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.

> Docker Number : 15222307 Date Inc/Auth/Filed: 09/07/2017 lurisdiction : Georgia : 01/29/2018 Print Date

Form Number : 211



Brian P. Kemp Secretary of State