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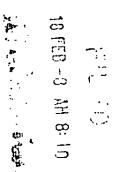
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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O SIMMONS

FEB 1 0 2019



January 31, 2018

JOSHUA BRASHER 3019 GAULT AVE N FT PAYNE, AL 35967

SUBJECT: VALLEY JOIST, L.L.C. Ref. Number: W18000010340

We have received your document for VALLEY JOIST, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F01000005307.

The registered agent must sign accepting the designation.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 718A00002122

RECEIVED

FEB 0 8 2013

## COVER LETTER

	Valley Joist, L.L.C				
SUBJECT	Name of Limited Liability Company				
				Transact Business in Florida," Certific bility company to transact business in F	
Please return a	II correspondence	concerning this matter to the	following:		
	Joshua Brashe	r			
		N	ame of Person		
	Valley Joist, I	lC.			
		F	irm/Company		
	3019 Gault Avenue North				
			Address	· •······	
	Fort Payne, A	labama 35967			
		City/S	tate and Zip Code		
	jbrasher2@ebsc	o.com		,	
		E-mail address: (to be use	d for future annual report	t notification)	
or further info	ormation concerni	ng this matter, please call:			
Joshua Brasher			5-2330		
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	LING ADDRESS		STR	EET ADDRESS:	
Division of Corporations Registration Section		Division of Corporations Registration Section			
P.O. Box 6327		Clifton Building			
	nassee, FL 32314		2661	Executive Center Circle hassee, FL 32301	
	heck for the follov 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee	& □ \$160.00 Filing Fee, Certificate	
<b>-</b>	ESTON THING THE	Certificate of Status	Certified Copy	of Status & Certified Copy	

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

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or and the control of the control of

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: L. Valley Joist, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.J.C.") (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.") 18 (E.D. -8 M. 8:10 3. 63-1106232 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) December 30, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3019 Gault Avenue North 3019 Gault Avenue North (Street Address of Principal Office) (Mailing Address) Fort Payne, AL 35967 Fort Payne, AL 35967 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Ciry) 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 E. Jones Asst. Secretary 2/6/2018 8. 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: Joshua Brasher Vice President 3019 Gault Avenue North Fort Payne, AL 35967 (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 of an authorized person Joshua Brasher Typed or printed name of signed

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VALLEY JOIST, L.L.C." IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALLEY JOIST, L.L.C." WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2018.

Authentication: 202035275

Date: 01-25-18