# W18000003896

(Requestor's Name)						
(Address)						
(Åddress)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: RA SISO W18- 34300						
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TALLAHASSEE FLORID

FILED

S. WARREN MAR 2 6 2018



March 13, 2018

CALVIN SANDERS 1629 LINARES WAY JACKSONVILLE, FL 32221

SUBJECT: PREFERRED PAINTING & MAINTENANCE LLC

Ref. Number: W18000024300

We have received your document for PREFERRED PAINTING & MAINTENANCE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Letter Number: 818A00005075

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

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Registration Section

TO:

Div	rision of Corporations						
SUBJECT:	Preferred Painting & Maintenance LLC						
,0201.011	Name of Limited Liability Company						
The enclosed Existence, an	d "Application by Foreign Limited Liability Com nd check are submitted to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate of company to transact business in Florid				
lease return	all correspondence concerning this matter to the	e following:					
	Calvin Sanders						
	N	Vame of Person					
	Preferred Painting & Maintenance LLC						
	Firm/Company						
	1629 Linares Way						
		Address	···				
	Jacksonville, FL 32221						
	City/S	State and Zip Code					
	preferred_painting@outlook.com						
	E-mail address: (to be use	ed for future annual report no	tification)				
For further i	nformation concerning this matter, please call:						
Calvin Sanders		904 4875636 at ( )					
	Name of Contact Person		rtime 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					
	a check for the following amount: \$125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & Certified Copy	☐ \$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. Preferred Painting & M (Name of Foreign	aintenance LLC Limited Liability Company; must include "Limite	ed Liability	Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The all	ernate name must include "Limited Liah	ility Company," "L.L.C," or "Ll.C	.")
2 Georgia			82-3159178		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI numbe	er, if applicable)	
4					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty l	ability)		
5. 73c Quartermoon Loop	o NE	6.	1629 Linares Way (Mailing Addin		
(Street Address of F Ludowici, GA 31316	Principal Office)		Mailing Addit Jacksonville, FL 32221	ess)	
Eddowici, G74 51510		•	,	.,	
		•		SECRETAR 23	
7. Name and street address	ss of Florida registered agent: (P.O. Box	c <u>NOT</u> a	cceptable)		$\mathbf{n}_{i}$
Name:	Calvin Sanders			要表	
Office Address:	1629 Linares Way			F-1 -	m
	Jacksonville		, Florida 32221	PA PA	Ö
	(City)		(Zip code		
	s of my position as registered agent.  (Registered agent's	s signature)			
8. The name, title or capa	acity and address of the person(s) who h	as/have a	authority to manage is/are:		
Title or Capacity:	Name and Address:	<u>Ti</u>	tle or Capacity:	Name and Address:	
Owner	Calvin Sanders				
	1629 Linares Way Jacksonville, FL 32221		·· · · - ·		
(Use attachments if neces		_			
9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days old, of which it is organized. (If the certifica	, duly aut ite is in a	henticated by the official ha foreign language, a translati	ving custody of records ion of the certificate und	in the
of the translator must be s	ubmitted)				
10. This document is execute submitted in a document to	outed in accordance with section 605.020 the Department of State constitutes a li	)3 (1) (b) hird degr	, Florida Statutes. I am awar ee felony as provided for in s	e that any false informati s.817.155, F.S.	ion
	Signatur	e of an autho	rized person		
			•		
	Calvin Sanders				
	Typed o	or printed na	ne of signee		

Control Number: 17115735

# STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### Preferred Painting & Maintenance 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.

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.

Docket Number : 15452080 Date Inc/Auth/Filed : 10/20/2017 Jurisdiction : Georgia Print Date : 03/08/2018

Form Number : 211



Brian P. Kemp Secretary of State