M18000003056				
(Requestor's Name) (Address) (Address)	500311661635			
(City/State/Zip/Phone #)	04/13/1801008030 **130.00			
Special Instructions to Filing Officer:	FIR LO PRIM HER LO PRIM HARRIS			

## TO: Registration Section Division of Corporations

Heyden Enterprises, LLC

SUBJECT:

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:

Michael Heyden

Name of Person

Heyden Enterprises

Firm/Company

575 James Rd

Address

Alpharetta, GA 30004

City/State and Zip Code

Mike@HeydenSupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Heyden		678 at (	626-1995	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS	<u>.</u>		STREET ADDRESS:	
Division of Corporations			Division of Corporations	
Registration Section		Registration Section		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a check for the follow	ving amount:			
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy	g Fee & □ \$160.00 Filing Fee, Certifica of Status & Certified Copy	

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

### IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREXON LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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#### 1 Heyden Enterprises, LLC

	Unaited Liability Company, must include "Limite	d Lability Company," "L.L.C.," (# "11	<i>R</i> -7
Heyden Supply LLC			
	nex adapted for the purpose of transacting transment in 194		Lichtly Chapter," "LLC," o "LLC.")
Georgia (hermentee under the law of which fireign insted inhibits contents) is preserved)		3. 46-2813868	
	nin weith there include continut, a allantist?	()EA	exetter, if applicable)
<b>.</b>			
	(Date first transacted basicess in Flances, & prose to (See acctings 603.0904 & 603.0904, V.S. to descere	regionners ) The these Participant	······································
439 E 8th St		6. 439 E 8th St	
(Alman Adutarus of I	margal Ozire)		Address
Jacksonville, FL 32206	<b>&gt;</b>	Incksonville, FL 32206	
No			
. Name and <u>street addres</u>	a of Florida registered agent: (P.O. Box	NOT_acceptable)	23.
Name:	Frad Barton	•	ျှို့ မ
		· - · · · · · · · · · · · · · · · · · ·	Sign 11
Office Addresse	439 E 8th St	à	
	Jacksonville	, Florida	
	(Cby)		
legistered agent's accep			
laving been named as re	gistered agent and to accept service of j	process for the above stated lim	ited liability company at the place
exegnated in this application of the provide	tion, I hereby accept the appointment a	s registered agent and agree to	art in this capacity. I further agree
nd accept the obligation	ions of all Statutes relative to the proper s of any position as registered agent.	ana compiete performance of t	Ny GENES, end I am Jamiliar with
	INTE		
	- TOMAN BI	Δ	
	Regrand ages's	Nginter)	
8. The name, title or cape	city and address of the person(s) who ha	ss/bave authority to manage is/as	re:
The or Capacity:	Name and Address:	Title or Capacity:	Name and Address;
Manager	Michael Heydeo		<b></b>
	575 James Rd	· · · · · · · · · · · · · · · · · · ·	- <del></del>
	Alpharetta, GA 30004	-	······
Manager	Derek Heyden		
	575 James Rd	-	
	Alphareita, GA 30004	-	

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authemicated 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 onth 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 dypree felony as provided for in s.817.155. F.S.

uf an authorizent person

Michael Heyden

Typed as present some of signee

Control Number: 0252511

# **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

## **HEYDEN ENTERPRISES, 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: 15731031Date Inc/Auth/Filed:10/15/2002Jurisdiction: GeorgiaPrint Date: 04/07/2018Form Number: 211



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Brian P. Kemp Secretary of State