## M14000002556

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



600313360546

05/23/18~-01008~-013 \*\*160.00



14000049668



May 24, 2018

SHAUN JOURDAN 575 HIGHWAY 332 PELHAM, AL 35124 US

SUBJECT: ALLSTATE GLASS,LLC Ref. Number: W18000049668

We have received your document for ALLSTATE GLASS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 418A00010889

## **COVER LETTER**

TO:	Registration Section Division of Corporation	ns				
SUBJE	Allstate Glass LLC					
		Name of	Limited Liability (	Company		
		reign Limited Liability Comp ed to register the above refere				
Please 1	return all correspondence	concerning this matter to the	following:			
	Shaun Jourdan		•	•		
		N	ame of Person			
	Allstate Glass I	LLC				
		Fi	тт/Сотралу			•
	575 Highway 3	32				
			Address		<del></del>	•
	Pelham, AL 35	124				
		City/S	tate and Zip Code	<del></del> ,		•
	sjourdan@perfor					
	<del></del>	E-mail address: (to be used	for future annual	report no	tification)	•
For furt	her information concernin	g this matter, please call:				
	Elizabeth Holderfield		205 at (	833-83	83	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	•
	MAILING ADDRESS:				[ ADDRESS:	
	Division of Corporations Registration Section				of Corporations ion Section	
	P.O. Box 6327			Clifton B		
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose	d is a check for the follow	ing amount;			,	
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, C of Status & Certified Co	

## 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 unavailable, enter alternate s	name adopted for the purpose of transacting business in	Florida. The afternate name must include *Limited	S Liability Company," "L.L.C," or "LI	ر دی
2. Shelby County , Ala	bama	3. 81-3773036		_
(Jurisdiction under the law of w	hich foreign limsed liability company is organized)	(FE)	manber, if applicable)	
4	(Datz first transacted business in Florida, if prio	to remelection	<del></del>	
	(See sections 605.0904 & 605.0905, F.S. to det	termine penalty hability)		
5. 575 Highway 332		6. 575 Highway 332 (Mailing	444	_
(Street Address of Pelham, AL 35124	Principal Office)	Pelham, AL 35124	Yourse)	
remain, AL 33124		Tellmin, 715 33124	<u> </u>	-
<del> </del>				
7. Name and street addre	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	JUN -4	Ë
Name:	Sherman N. Hays		က်ပ် <del></del>	m
Office Address:	463688 State Rd 200 #1		FM 1: 49 ): SIAIL :FLORID;	D
	Yulee	, Florida <u>32097</u>	를 등 등	
	(Ciry)	(Zip	code)	
Having been named as re designated in this applica to comply with the provis	otance: egistered agent and to accept service stion, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent.	it as registered agent and agree to	act in this capacity. I furt	her agree
designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap.	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registrand agent active and address of the person(s) who	nt as registered agent and agree to per and complete performance of t  m's signature)  has/have authority to manage is/ar	act in this capacity. I furi my duties, and I am famile 	her agree iar with
Having been named as red designated in this applicate to comply with the provise and accept the obligation	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registered agent	nt as registered agent and agree to per and complete performance of t m's signature)	act in this capacity. I furi my duties, and I am famili e:  Name and Address	ther agree iar with
Having been named as redesignated in this applicates comply with the provisionand accept the obligation  8. The name, title or cap.	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registrand agent active and address of the person(s) who	nt as registered agent and agree to per and complete performance of t  m's signature)  has/have authority to manage is/ar	act in this capacity. I furi my duties, and I am famile 	ther agree iar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or caparity:	egistered agent and to accept service ation, I hereby accept the appointmentions of all statutes relative to the project of my position as registered agent.  (Registradige active and address of the person(s) who Name and Address:	of as registered agent and agree to per and complete performance of registered agent and complete performance of registering and complete performance of registering agents.	e:  Name and Address  Performance Archite  575 Hwy 33	ther agree iar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or caparity:	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registered agent active and address of the person(s) who Name and Address:  James M. Wallace	of as registered agent and agree to per and complete performance of registered agent and complete performance of registering and complete performance of registering agents.	e:  Name and Address  Performance Archite  575 Hwy 33	ther agree iar with
Having been named as redesignated in this applicated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap.  Title or Capacity:  President  (Use attachments if neces). Attached is a certificate	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registrod agent acity and address of the person(s) who Name and Address:  James M. Wallace  sary)  of existence, no more than 90 days of of which it is organized. (If the certifications)	at as registered agent and agree to per and complete performance of the performance of th	e:  Name and Address  Performance Archite  575 Hwy 33  Pelham, AL	ectural Inc
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or capatitle or Capacity:  President  (Use attachments if necessor, Attached is a certificate urisdiction under the law of the translator must be second. This document is executed.	egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent.  (Registrod agent active and address of the person(s) who Name and Address:  James M. Wallace  sery)  of existence, no more than 90 days of of which it is organized. (If the certification accordance with section 605.0 to the Department of State constitutes as	at as registered agent and agree to per and complete performance of registered agent and agree to per and complete performance of registered agents.  Title or Capacity:  Member  Id, duly authenticated by the official cate is in a foreign language, a transcate is in a foreign language, a transcate (1) (b), Florida Statutes. I am a	e:  Name and Address Performance Archit 575 Hwy 33 Pelham, AL	ictural Inc

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Allstate Glass, LLC was formed in Shelby County, Alabama on September 2, 2016. The Alabama Entity Identification number for this entity is 371-201. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180518000032638

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/18/2018

Date

X. W. Menill

John H. Merrill

Secretary of State