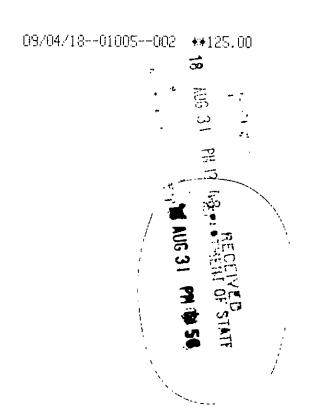
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SEP 4 2018 S. PRATHER

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporations						
	Rhodes Drywall & Pa	aint, LLC					
SUBJECT:		Name of Limited Liability Company					
				ition to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.			
Please return	all correspondence co	ncerning this matter to the fo	ollowing:				
	James Davis						
		Nar	ne of Person				
	1st United CRS,	LLC					
		Fin	n/Company				
	327 Hollow Cree	ek Ln					
			Address				
	Havana, FL 3233	33					
		City/Sta	te and Zip Code				
	cc@uniteders.com						
		E-mail address: (to be used	for future annual	report notification)			
For further in	formation concerning	this matter, please call:					
James Davis		850 at (	322-7117				
	Name of	Contact Person	Area Code	Daytime Telephone Number			
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle			
Enclosed is a	check for the following	ng amount: □ \$130.00 Filing Fee & . Certificate of Status	□ \$155.00 Filin Certified Copy	Tallahassee, FL 32301			

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

IN COMPILANCE 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:

Upon Registration  (Date first managered business or Florida of good to determine penally hability)  [Steet Address of Procepal Office)  [Olumbus, TX 78934  [	I. Rhodes Drywall & Pai					
Upon Registration  (Date first transacted batters or organized of 1909), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096) & 605,996), 1'S to determine penalty liability)  (See ecotors 693,096), 1'S to determine penalty liability)  (See ecotors 693,096), 1'S to determine penalty liability)  (See ecotors 693,096), 1'S to determine penalty liability)  (Columbus, TX 78934  (Columbus, TX 78934)  (Columbus, TX 78934  (Columbus, TX 78934)  (Columbus, TX 78934)	(Name of Foreign	Limited Liability Company; must include "Limi	ited Liabilit	y Company," "L.L.C.," or "LLC."	")	
Texas    Characterion under the law of which foreign limited liability company is organized)   3.   47-1832177	If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	Florida The a	Itemate name must include "Limited Li	iability Company," "L.	.L.C.")
Upon Registration  (Spec fort measured business or Floorida (Spec for treatment of the Special Control of Sp						
(City)  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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  Registered agent's acceptance:  (City)  Registered agent and to accept service of process for the above stated limited liability company at the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)  Registered agent is acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)  Registered agent's signature)  Registered agent's signature)  Registered agent's signature)  (Use attachments if necessary)  O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in unisdiction under the law of which it is organized. (I) the certificate is in a foreign language, a translation of the certificate under 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 100 from the certificate in formation of the certificat	-·	hich foreign limited liability company is organized)	Э.		nber, if applicable)	<del>- E</del> ·
See exclose 405 (904 & 605,0903, F.S to determine penals) liability  5. Rhodes Drywall & Paint  Servet Audress of Procepal Office)  1038 S. T.x. A venue  Columbus, T.X 78934  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  St United CRS, LLC  Office Address:  4211 Capital Circle NW  Tallahassee  (City)  Registered agent's acceptance:  Howing been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's aigusture)  8. The name, title or capacity  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Outputs 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 purisdiction under the law of which it is organized. (I) the certificate is in a foreign language, a translation of the certificate under 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 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information of the certificate of the certificate of the information of the certificate of the	4 Upon Registration					: :
(Nadage Address)  1038 S. Tx. A venue  PO Box 789  Columbus, TX 78934  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Ist United CRS, LLC  Office Address:  1st United CRS, LLC  Office Address:  (City)  Tallahassee  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity  Name and Address:  MGR  Ronald Rhodes  1303 Milam St. Columbus, 78934  (Use attachments if necessary)  O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in unisdiction under the law of which it is organized. (I) the certificate is in a foreign language, a translation of the certificate under 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 of the certificate information of the ce		(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	to registration	i) liability)		-Ğ
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Name: 1st United CRS, LLC Office Address: 4211 Capital Circle NW Tallahassee ,Florida 32303 (Circ) 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 president in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I Jurther to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity.  Name and Address:  MGR Ronald Rhodes 1303 Milam St. Columbus, 78934.  (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 urisdiction under the law of which it is organized. (I) the certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)  10. This document is executed in accorpance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information 10. This document is executed in accorpance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information 10. This document is executed in accorpance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information 10.						
Name: 1st United CRS, LLC  Office Address: 4211 Capital Circle NW  Tallahassee , Florida 32303  (City) (Cit	Columbus, TX 78934			Columbus, 1X /8934		
Name: 1st United CRS, LLC  Office Address: 4211 Capital Circle NW  Tallahassee , Florida 32303  (City) (Cit	7 Name and street addres	ss of Florida registered agent: (P.O. Bo	ov NOT	accentable)		
Office Address:    A211 Capital Circle NW   Tallahassee			7. 1.O.1	iccepatore)		
Tallahassee . Florida 32303  (City)  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 passignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  MGR  Ronald Rhodes  1303 Milam St  Columbus, 78934  (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 jurisdiction under the law of which it is organized. (I) the certificate is in a foreign language, a translation of the certificate under 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				<del></del>		
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Signature of an authorized person	ı	Signatus Signatus	re of an auth	orized person		

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Rhodes Drywall & Paint, LLC (file number 802062332), a Domestic Limited Liability Company (LLC), was filed in this office on September 12, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 31, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 828119040003