# M18000010261

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2018

ENCOMPASS BUILDING SERVICE LLC MATT MATHIS 220 W 5TH AVE PETAL, MS 39465 US

SUBJECT: ENCOMPASS BUILDING SERVICES LLC

Ref. Number: W18000096019

We have received your document for ENCOMPASS BUILDING SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 018A00022531

Sterling R Abney Regulatory Specialist II

18 ROV 15 AM 10: 04

ALVER ACTO

## COVER LETTER

TO:

то:	egistration Section vivision of Corporations					
en n	Encompass Building Services LLC					
SUBJE	Name of Limited Liability Company					
The enc Existent	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ite of orida.				
Please r	irn all correspondence concerning this matter to the following:					
	Matt Mathis					
Name of Person						
Encompass Building Service LLC						
Firm/Company						
220 W 5th Ave						
Address						
	Petal, MS 39465					
City/State and Zip Code						
	mmathis@expresstime.net					
	E-mail address: (to be used for future annual report notification)					
For furt	r information concerning this matter, please call:					
	at ()					
	Name of Contact Person Area Code Daytime Telephone Number					
	AAILING ADDRESS: Division of Corporations Registration Section CO. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Corporations Registration Section Clifton Building Callahassee, FL 32314 Corporations Registration Section Clifton Building Callahassee, FL 32314 Corporations Registration Section Clifton Building Callahassee, FL 32314					
Enclose	is a check for the following amount:  \$\B\$\$ \$125.00 \text{ Filing Fee}  \B\\$\$ \$130.00 \text{ Filing Fee} & \B\\$\$\$ \$155.00 \text{ Filing Fee} & \B\\$\$\$ \$160.00 \text{ Filing Fee}, \text{ Certificate} \text{ Certified Copy} \text{ of Status & Certified Copy}	<b>:</b>				

# . 'APPLICATION BY FOREIGN LIMITED LIABILITY .... PANY 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. Encompass Building (Name of Foreig	Services LLC n Limited Liability Company; must include "Limited Liability Company; must include "Limited Limited Liability Company; must include "Limited Liability Company; must include "Liability Company	nited Liabili	y Company," "L.L.C.," or "LLC.")		
/If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida. The t	Iternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC.")	
2. Mississippi	, , , , , , , , , , , , , , , , , , , ,	3	82-3351488		
(Jurisdiction under the law of	which foreign limited liability company is organized)	,	(FEI number	er, if applicable)	
4. 10/1/18					
4. <u></u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration	n ) · liability)		
5. 220 W 5th Ave		6.	220 W 5th Ave		
(Street Address o	(Street Address of Principal Office)		(Mailing Address) Petal, MS 39465		
Petal, MS 39465			Petal, INS 35403		
7. Name and street addr	ess of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)	- K	
Name:	Business Filings Incorporated				
	1200 S Pine Island Rd.		<del></del>	,	
Office Address	1200 3 Fine Island Na.			**	
	Plantation (City)		, Florida 33324	:	
designated in this applicate comply with the provand accept the obligation.  8. The name, title or carritle or Capacity:  Mang	registered agent and to accept service of cation, I hereby accept the appointment isions of all statutes relative to the property of my position as registered agent.  (Registered agent)  Pacity and address of the person(s) who Name and Address:  Matt Mathis  220 W 5th Ave  Petal, MS 39465	ner and control of the state of	BUSINES Filing	in this capacity. I juriner agre duties, and I am familiar with	
Mang	Anthony Lee 220 W 5th Ave Petal, MS 39465	·			
(Use attachments if nec	essary)				
jurisdiction under the la of the translator must be	ate of existence, no more than 90 days on wo f which it is organized. (If the certification is submitted)  ecuted in accordance with section 605.0 to the Department of State constitutes a	icate is in )203 (1) (	a foreign language, a translat b), Florida Statutes, I am awai	non of the certificate finder oath	
	Man There.	ativa of	thorized person	<u>-</u>	
	MATT KLATHIS		name of signee	<del></del>	



#### DELBERT HOSEMANN Secretary of State

### Office of the Secretary of State

Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### ENCOMPASS BUILDING SERVICES LLC

Registered the 3rd day of November, 2017

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

220 W Fifth Avenue Petal, MS 39465

And that the registered agent at that address is:

Matt Mathis

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 19th day of October, 2018

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN18058282

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx