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SECRETARY OF STATE DIVISION OF CORPORALISM



COVER LETTER

 $\quad \text{of} \quad$

TO:

ro: ,	Registration Section Division of Corporations
SUBJE	Contender Fire Sprinkler, LLC
JO DJ F.	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please i	turn all correspondence concerning this matter to the following:
	Ronald Foster
	Name of Person
	Contender Fire Sprinkler, LLC
	Firm/Company
	3233 NE 32nd Avenue, Unit 204
	Address
	Fort Lauderdale, FL 33308
	City/State and Zip Code
	admin@contenderfire.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Ronald Foster Sr 757 364-0250
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: \$\Boxed{\Pi}\$ \$125.00 \text{ Filing Fee} \Boxed{\Pi}\$ \$130.00 \text{ Filing Fee} & \Boxed{\Pi}\$ \$155.00 \text{ Filing Fee} & \Boxed{\Pi}\$ \$160.00 \text{ Filing Fee}, \text{ Certificate of Status} & \text{ Certified Copy} \end{array}

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 RECISTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	er. LLC Limited Liability Company; must include "Limite	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		I Liability Company, "L.L.C.," or "LLC.")	
name unavailable, enter alternate s	name adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC,"
State of Virginia		3. 81-3259867	
<u> </u>	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	egistration.) ne penalty liability)	_
2192 Dinwiddie Road		6. 4701 Shore Drive	
(Street Address of Virginia Beach, Virgin		(Mailing Addi	ress)
Virginia Beach, Virgin	118 23433	Suite 103, Box 124	2455
		Virginia Beach, Virginia 23	
	(FI : 1	NOT 11)	AON B
Name and street addre	ss of Florida registered agent; (P.O. Box	NOT acceptable)	V S
Name:	Ronald Foster Sr		<u> </u>
	3233 NE 32nd Avenue, Unit 201		A 20
Office Address:			
Office Address:	Fort Laudardala	32208	
egistered agent's accep aving been named as re signated in this applica comply with the provis	Fort Lauderdale (City) Itance: Egistered agent and to accept service of partion, I hereby accept the appointment actions of all statutes relative to the proper sof my position as registered agent.	registered agent and agree to act	liability company at the pinthis capacity. I further
egistered agent's accep aving been named as re signated in this applica comply with the provis	(City) Itance:	process for the above stated limited s registered agent and agree to act and complete performance of my o	liability company at the pin this capacity. I further
egistered agent's accep aving been named as re signated in this applica comply with the provis	(City) Itance: Egistered agent and to accept service of p Ition, I hereby accept the appointment a. Itions of all statutes relative to the proper	rocess for the above stated limited is registered agent and agree to act and complete performance of my o	liability company at the pin this capacity. I further
egistered agent's acceptiving been named as resignated in this application comply with the provised accept the obligation	(City) Intance: Segistered agent and to accept service of parties, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. [Const.] A. J. (Registered agent's agent's service	rocess for the above stated limited is registered agent and agree to act and complete performance of my objection of the configurature)	liability company at the pin this capacity. I further
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rgistered agent's acceptiving been named as resignated in this application of the provision of the obligation. The name, title or captitle or Capacity: Owner	(City) Intance: Trance: Tra	rocess for the above stated limited is registered agent and agree to act and complete performance of my continue of the solice of the signature)	liability company at the pin this capacity. I further duties, and I am familiar

Typed or printed name of signee

Commonwealth of Hürginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Contender Fire Sprinkler, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 17, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 8, 2018

Joel H. Peck, Clerk of the Commission