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

IN COMPLAINCE WITH SECTION 605.000, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO RECESTER & FORENEN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLUXEDA:

ł		J.L. Wilcon Electric,					
4.	(Almane of Foreign	Limited Lubility Company; most include "Limit	ed Cudoin	y Company," "LLC.," or "LLC.")			
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4.		(Dure for: North, for Justicent in Cortics, if prior a	-			<b>`</b>	
	•	(Date forn: Norther for Justianet in Fortign, if prior x (Sec neralizer 683,0904 & 605,0902, V.S. as decent	nins percity	Eatstrays			
5.	6747 Main Street	•	6.	6747 Main Street			
2.	(มีราวชาติไม้เรื่องราวไ	Trim haui (Hara)		(Mailing Aukaran)			
	New Part Richay, FL	34653		New Port Richey, FL 34653	••	20	
				<b></b>		2019 F	
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7.	Name and girout address	25 of Florida registered agent: (P.O. Bos	NOT.	acceptable)	60	δ	1
					<u>r</u> ń-	ΡĦ	
	Maria	Lane M. Dalton			190	3	$\bigcirc$
	Nune:				<u></u>	$\sim$	-
	Office Address:	6747 Main Street			, F7 :	÷-	
•							
		New Part Rickey		34653			

Registered agent's acceptance:

Having been named as registored agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act to this copucity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duites, and I am familiat with and accept the obligations of my position as registered agent.

(Zincush)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage {up to six (6) total]:

Title or Capacity:	Nanic and Address:	Title or Capacit	<u>Y:</u>	Name and Addre	<u>1991:</u>	
Manager	Name:	Mauagor	Name:	••••••••••••••••••••••••••••••••••••••		
Member Address: 1102 Smith Avenue		Member	Address:			
Authorized	Suite A2	Authorized				
Person	Thomasville, GA 31792	Person				
Other	Other	[]Other	· <b>_</b> ···	Other		
Manager	Name:	🛄 Manager	Name:			
Member	Address;	Meniber	Address:			
Authorized		Authorized		·····		
Person		Person		20		
Other	Other	Other				
				8 26	315553	
Manager	Name:	Macager	Name:		<del>;</del> 77]	
Member	Address:	Member	Address:		( created	
Authorized	د د	Authorized		<u> </u>	<u> </u>	
Person		Person				
Other	Other	Other		Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a cortificate of existence, no more than 90 days old, duly automlicated 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 eath 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 shird degree folgost as provided for in s.817.155, F.S.

en Signature of an and invited person Jason L. Wilson

Typed or printed name of signee

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## **STATE OF GEORGIA**

## Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## **CERTIFICATE OF EXISTENCE**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

J.L. Wilson Electric, LLC

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, in 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 : 16699180 Date Inc/Auth/Filed: 07/28/2014 Jurisdiction : Georgia Print Date : 02/15/2019 Form Number : 211

Brad Raffensperger

Brad Raffensperger Secretary of State

