

M19000004201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

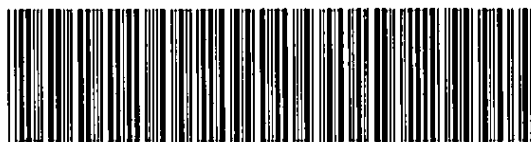
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 18 AM 8:31

CLERK OF SUPERIOR COURT  
JANUARY 31 2019

Z BROWN  
APR 26 2019

08-4/26/19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fifteen Five Gutter Solutions LLC.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Crystal Taylor  
Name of Person

Fifteen Five Gutter Solutions LLC.  
Firm/Company

3601 Mustang Creek Cir.  
Address

Yukon OK 73099  
City/State and Zip Code

fifteenfiveguttersolutions@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Taylor at 405 219-6741  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. Fifteen Five Butler Solutions LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Oklahoma  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 90-0907239  
(FEI number, if applicable)

4. April 24, 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3601 Mustang Creek Cir  
(Street Address of Principal Office)

6. 3601 Mustang Creek Cir  
(Mailing Address)

Yukon, OK 73099

Yukon, OK 73099

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Crystal Taylor

Office Address: 13220 Panama City Beach Pkwy

Panama City, Florida 32407  
(City) (Zip code)

**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 place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Crystal Taylor

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2019 APR 18 AM 8:31  
TALLAHASSEE, FLORIDA

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:**

**Name and Address:**

☐ Manager

Name: Randel S Taylor

☐ Member

Address: 3601 Mustang Creek Cir

☐ Authorized

Yukon, OK 73099

Person

☒ Other owner

☐ Other \_\_\_\_\_

☐ Manager

Name: Crystal Taylor

☐ Member

Address: 3601 Mustang Creek Cir

☐ Authorized

Yukon, OK 73099

Person

☒ Other owner

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

**Title or Capacity:**

**Name and Address:**

☐ Manager

Name: Jacob Morris

☐ Member

Address: 3601 Mustang Creek Cir

☒ Authorized

Yukon, OK

Person

73099

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

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

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated 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 oath 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 third degree felony as provided for in s.817.155, F.S.

Crystal Taylor  
Signature of an authorized person

Crystal Taylor  
Typed or printed name of signer

FILED  
2019 APR 18 AM 8:3  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that FIFTEEN FIVE GUTTER SOLUTIONS, LLC whose registered agent is RANDEL SCOTT TAYLOR, with its registered office at 2639 N EAGLE LN OKLAHOMA CITY 73127 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 12th, day of April, 2019.*

A handwritten signature in cursive script, which appears to read "Randel Scott Taylor", is written over a horizontal line.

*Secretary Of State*

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IN FLORIDA

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Crystal Taylor  
(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Randel S Taylor</u>	<input type="checkbox"/> Manager	Name: <u>Jacob Morris</u>
<input type="checkbox"/> Member	Address: <u>3601 Mustang Creek Cir</u>	<input type="checkbox"/> Member	Address: <u>3601 Mustang Creek Cir</u>
<input type="checkbox"/> Authorized Person	<u>Yukon, OK 73099</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Yukon, OK 73099</u>
<input checked="" type="checkbox"/> Other <u>owner</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Crystal Taylor</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3601 Mustang Creek Cir</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Yukon, OK 73099</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <u>owner</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Crystal Taylor  
Signature of an authorized person

Crystal Taylor  
Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE



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DOMESTIC LIMITED LIABILITY COMPANY**

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*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 12th, day of April, 2019.*

A handwritten signature in cursive script, which appears to read "Michael Rogers", is written over a horizontal line.

*Secretary Of State*