

MI90000004306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

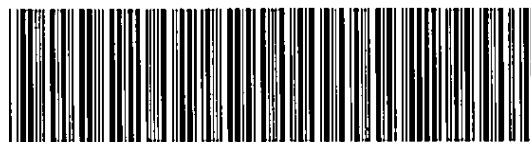
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400328052994

04/23/19--01022--017 \*\*130.00

04/23/19--01022--018 \*\*777.50

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TALLAHASSEE, FLORIDA

2019 APR 23 A 6:51

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4/30/19 DS



**Page Scrantom Sprouse Tucker Ford**

ATTORNEYS & COUNSELLORS AT LAW

Established 1902

Karen M. Witezak

DIRECT DIAL: 706.243.4056

DIRECT FAX: 706.243.0415

kmw@psstf.com

April 22, 2019

**VIA FEDERAL EXPRESS**

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

Re: Trimcor Lumber Supply, LLC

Ladies and Gentlemen:

Enclosed please find the following items:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Check issued by Trimcor Lumber Supply, LLC in the amount of \$777.50, which check represents the penalty charged in connection with transacting business prior to applying; and
3. Check in the amount of \$130.00, which check represents payment of the Filing Fee.

I have also enclosed a self-addressed stamped envelope for your use in returning the filed application to us. In the meantime, should you have any questions or comments, please do not hesitate to give us a call.

Sincerely,

PAGE, SCRANTOM, SPROUSE, TUCKER  
& FORD, P.C.

Karen M. Witezak  
Legal Assistant to George W. Mize, Jr.

/kmw  
Enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trimcor Lumber Supply, 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:

Juston Trimback

\_\_\_\_\_  
Name of Person

Trimcor Lumber Supply, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 518

\_\_\_\_\_  
Address

Phenx City, Alabama 36868

\_\_\_\_\_  
City/State and Zip Code

astevenson@trimcor.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Stevenson

334

480-4001

\_\_\_\_\_  
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

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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. Trimcor Lumber Supply, 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. Alabama 81-3570854  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3517 Retail Drive P.O. Box 518  
(Street Address of Principal Office) (Mailing Address)

Phenix City, Alabama 36869 Phenix City, Alabama 36868

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

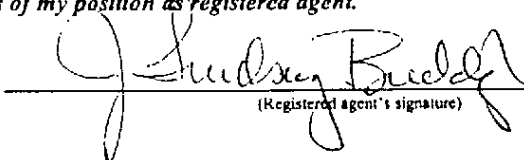
Name: J. Lindsay Builder, Jr.

Office Address: 271 West Canton Avenue, Suite 2

Winter Park 32789  
(City) , Florida (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.

  
(Registered agent's signature)

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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: Steven W. Corbett

☒ Member Address: P.O. Box 518

☐ Authorized Phenix City, Alabama 36868

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Juston Trimback

☒ Member Address: P.O. Box 518

☐ Authorized Phenix City, Alabama 36868

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

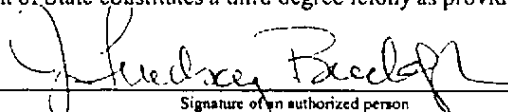
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

J. Lindsay Builder, Jr.  
\_\_\_\_\_  
Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Trimcor Lumber Supply, LLC was formed in Russell County, Alabama on July 27, 2016. The Alabama Entity Identification number for this entity is 367-880. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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2019 APR 23 A 6:51  
MONTGOMERY, ALABAMA



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/20/2019

Date

*J. H. Merrill*

John H. Merrill

Secretary of State