# 1119000004593

(Requ	estor's Name)
(Addre	ss)
(Addre	ess)
(City/S	tate/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busin	ess Entity Name)
	<u> </u>
(Docu Certified Copies	ment Number)  Certificates of Status
Special Instructions to Fili	ng Officer:
cert wig	-16811

Office Use Only



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Division of Corporations

April 18, 2019

BILL WOODIS 3221 HWY 389 PANAMA ÇITY, FL 32405

SUBJECT: 5 STAR DRYWALL AND PAINT LLC Ref. Number: W19000016811

We have received your document for 5 STAR DRYWALL AND PAINT LLC and your checks) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Octavia L S mmons Regulatory Specialist III

Letter Number: 719A00007927



March 12, 2019

BILL WOOD(S 3221 HWY 389 PANAMA CITY, FL 32405

SHBJECT: SOTAR DRYWALL AND PAINT LLC Rat Number M10000010911

We have received your document for 5 STAR DRYWALL AND PAINT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-60\$1.

Octavia L Simmons

Letter Mambat: 610//00004805

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2b, 2019

BILL WOODIS 3221 HWY 389 PANAMA GITY, FL 32405

SUBJECT: 5 STAR DRYWALL AND PAINT LLC

Ref. Number: W19000016811

We have received your document for 5 STAR DRYWALL AND PAINT LLC and your checks) totaling \$130.00. 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.

Octavia L S mmons Regulatory Specialist III

Letter Number: 219A00003580

# COVER LETTER

	tion Section of Corporations
SUBJECT: 5 Sta	ar Drywall and Paint LLC
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company
The enclosed "App Existence, and che	plicat on by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all co	orrespondence concerning this matter to the following:
	Bill Woodis
•	Name of Person
	Beacon Accounting and Tax Service
•	Firm/Company
	3221 Hwy 389
	Address
	Panama City, F1 32405
	City/State and Zip Code
bi	illwoodis@comcast.net
	E-mail address: (to be used for future annual report notification)
For further information	ntion concerning this matter, please call:
Bill Woo	dis 850 215-7243 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
Division o Registrati P.O. Box Tallahassi	ee, Fl 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed Please ma	is a check for the following amount:  ke check payable to: FLORIDA DEPARTMENT OF STATE
	00 Fi ing Fee \$\Bigsim \text{\$\subset\$\$130.00 Filing Fee & Certificate of Status Certified Copy} \$\subseteq \text{\$\subset\$\$160.00 Filing Fee, Certificate of Status & Certified Copy} \$\subseteq \text{\$\subseteq\$}\$\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy}

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

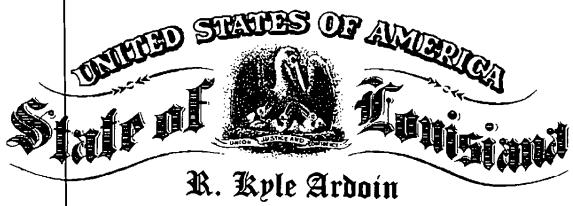
IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. 5 Star Drywall and Pali	it LLC Limited Liability Company, must include "Limite	d Lability	the Company ""L. C. " or "L.C.")
		a istaonin'i	ng Company. Lancon in initial y
5 Star Paint and Drywall I			
(If name unavailable, enter alternatem	ame adopted for the purpose of transacting business in Flo	rida The al	alternate rame must include "Lumited Liability Company," "L.L.C." or "U.C
State of Louisiana 2.		3.	32-0417185 (FEI number, if applicable)
(Jurisdiction under the law of wi	nich loreign limited hability company is organized)		(FEI number, it applicable)
Awaiting Approval			
·	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605,0005, F.S. to determ	registration	on ) y hability)
7328 Hwy 2311 5.		6.	7328 Hwy 2311
5. (Street Address of I	Principal Office)	u.	(Mailing Address)
Panama City, Fl 32404	i.		Panama City, Fl 32404
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	NOT:	_acceptable)
Name:	Eda Sauzo		
Name.			
Office Address	7328 Hwy 2311		
	Panama City		32404 , Florida
	(Cily)		(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.

Name: Eda Suaso			
	Manager	Name:	
Address:	Member	Address:	
Panama City, Fl 32405	Authorized		
	Person		
Other	Other		Other
Name:	Manager	Name:	
Address:	Member	Address:	·
	Authorized	<del></del>	<del></del>
	_ Person		
Other	Other		Other
Name:	Manager	Name:	
Address:	Member	Address:	
	Authorized		
	Person		
Other	Other	<del></del>	Other
	Pannma City, FI 32405    Other   Other     Name:     Address:   Other     Other   Other	Panama City, F1 32405  Person  Other  Name:  Manager  Address:  Member  Authorized  Person  Other  Name:  Manager  Address:  Person  Other  Manager  Address:  Member  Person  Other  Other  Other  Other  Other  Other  Other  Other  Other	Panama City, Fl 32405  Person  Other  Manager Name:  Address:  Authorized  Person  Other  Other  Manager Name:  Authorized  Person  Other  Name:  Address:  Authorized  Person  Address:  Address:  Address:  Address:  Person

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

# 5 STAR DRYWALL AND PAINT LLC

A limited liability company domiciled in HARVEY, LOUISIANA,

Filed charter and qualified to do business in this State on September 17, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

April 30, 2019

Secretary of State

Web 412892879



Certificate ID: 11072291#6DF52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov