## 149005137

(Requestor's Name)					
(Address)					
(Address)					
(City/S	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
M19000014709					
1849et-01114					

Office Use Only



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APR 2 9 2019



Y SCOTT MAY 24 2019 iFoam, LLC P O Box 680985 Prattville, AL 36068-0985 334/380-9550 www.sprayifoam.com

May 20, 2019

Florida Dept of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: IFoam, LLC

REF # W19000044709

Hello, I believe I have completed this enclosed form correctly for you, I apologize for my error.

Please let me know if you need any other documents from our company,

Thank you for your help and kindness,

Johni Lions Accounting Dept iFoam, LLC 850/527-0495 Direct Phone





May 7, 2019

JOHNI LIONS P.O. BOX 680985 PRATTVILLE, AL 36068-9550

SUBJECT: IFOAM, LLC

Ref. Number: W19000044709

We have received your document for IFOAM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 519A00009178

RECEIVED MAY 22 2019

## COVER LETTER

SUBJEC	rr. iFoam, L	LC					
		Name of Limited Liability Company					
		eign Limited Liability Comp d to register the above refere					
Please re	turn all correspondence o	concerning this matter to the	following:				
		Johni Lions					
		N	ame of Person				•
		iFoam, LL	.C		₹.	•	
		Fi	rm/Company		LLLA	20191	
		P O Box	680985		HAS	119 MAY 22	T
			Address		SEE,		
		Prattville	. AL	36068-0985	F S) FLO	ρĦ ή:	177
		City/S	tate and Zip Code	:	ATE AIDA	: 27	•
		johnilions@g				<b>-</b>	
		E-mail address: (to be used	d for future annua	l report notification)			
For furth	er information concernin	g this matter, please call:					
	Jonat	han Roll	at ( 334	334/380-95	550		
	Name o	of Contact Person	Area Code	Daytime Telep	none Number	_	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 3230	ions er Circle		
	is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  \$\Bigcirc\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili	_	0 Filing Fee, C & Certified Co		ite ~

850.245.6057

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

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ME FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY
1. iFoam, 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 busine	ess in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. Alabama	3. 45-4016975
(Jurisdiction under the law of which foreign limited liability company is organized	(FEI muraber, if applicable)
4. 4/30/2019	
(Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. to	prior to registration) o determine penalty liability)
5. 1390 Highway 82 ByPass East (Street Address of Principal Office)	6. P O Box 680985 (Mailing Address)
Prattville, AL 36067	Prattville, AL 36068-0985
7. Name and street address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name: AKEA SAWY	DE CORE
Office Address: 4321 MAGNO	Decelo 201108 88 8
Turiama Crij	Florida (Zip code)
designated in this application, I hereby accept the appoint to comply with the provisions of all statutes relative to the p and accept the obligations of my position as registered age.	ice of process for the above stated limited liability company at the place ment as registered agent and agree to act in this capacity. I further agree proper and complete performance of my duties, and I am familiar with nt.  UMJL  dagent's signature)
8. The name, title or capacity and address of the person(s) v  Title or Capacity:  Name and Address:  AD CA CAM	who has/have authority to manage is/arc:  Title or Capacity:  Name and Address:
MANAGER 4321 MAANOT	
PULAMA CITY, F	L 32408
(Use attachments if necessary)	
<ol> <li>Attached is a certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (If the cert of the translator must be submitted)</li> </ol>	's old, duly authenticated by the official having custody of records in the rtificate is in a foreign language, a translation of the certificate under oath
submitted in a document to the Department of State constitut	-Parkall
	ATHAN ROLL

Typed or printed name of signee

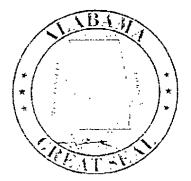
John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## 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 I-Foam IIc was formed in Autauga County, Alabama on December 14, 2011. The Alabama Entity Identification number for this entity is 033-550. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20190423000024456

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.

04/23/2019

Date

X 74. Merill

John H. Merrill

Secretary of State