

M19000005139

(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:

*cert of existence was
given. I listed
the juris

Office Use Only



900329417199

05/15/19--01010--027 **160.00

2019 MAY 15 PM 4:16

B KINSEY
MAY 24 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L2 Supplies and Services 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:

Lisa Bonds

Name of Person

L2 Supplies and Services LLC

Firm/Company

7450 Dr Phillips Blvd, Suite 308

Address

Orlando, Florida 32819

City/State and Zip Code

lbonds@l2suppliesservices.com

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

For further information concerning this matter, please call:

Lisa Bonds

800

349-6119

Name of Contact Person

at (_____) _____

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:

☐ \$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

91 MAY 15 PM 4:16

**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. L2 Supplies and Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- 1.2 Supply Services 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. VA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-4779791
(FEI number, if applicable)
4. n/a
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
- | | |
|--|---|
| 5. <u>L2 Supplies and Services LLC</u>
(Street Address of Principal Office) | 6. <u>L2 Supplies and Services LLC</u>
(Mailing Address) |
| <u>7450 Dr Phillips Blvd Suite 308</u> | <u>7450 Dr Phillips Blvd Suite 308</u> |
| <u>Orlando, Florida 32819</u> | <u>Orlando, Florida 32819</u> |
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Lisa Bonds
- Office Address: 7450 Dr Phillips Blvd Suite 308
Orlando, Florida 32189
(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.

Lisa Bonds
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Operations Manager</u>	<u>Marcus Bonds</u> <u>7450 Dr Phillips Blvd</u> <u>Orlando Florida 32189</u>		

(Use attachments if necessary)

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.

Lisa Bonds
Signature of an authorized person

Lisa Bonds

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That L2 Supplies and Services LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 11, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED
STATE OF VIRGINIA
MAY 15 2019
CLERK OF THE COMMISSION

*Signed and Sealed at Richmond on this Date:
May 8, 2019*



Joel H. Peck

Joel H. Peck, Clerk of the Commission