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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

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Registration Section
Division of Corporations

TO:

		Name o	of Limited Liabili	ty Company	
					iness in Florida," Certificate of to transact business in Florid
lease return a	all correspondence conc	erning this matter to t	he following:		
	Katherine Carle				
			Name of Person		
	Fisher Installations.	, LLC			7 22
			Firm/Company		FE = 11
	9724B N Palafox S	t.			2019 JUN 10
			Address		SUN TO PHIL
	Pensacola, FL 3253	34			PH 4: 36
		City	/State and Zip Co	ode	一篇 36
	kat@bleachersandsea	ats.com			ν
	— E-	mail address: (to be u	sed for future ann	ual report notification)	
or further in	formation concerning th	is matter, please call:			
Katherine Carle			251 at (327-0527	
	Name of Co	ontact Person	Area Co	ode Daytime Tele	phone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations n nter Circle
	osed is a check for the fores on the forest section in the check payable to the check payable		RTMENT OF S		
	\$125.00 Filing Fee	\$130.00 Filing Fe		.00 Filing Fee & Tified Copy	\$160.00 Filing Fee, Certific 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:

Fisher Installations, LL							
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compai	iy," "L.L.C.," or "LLC.")	-			
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate nar	ne must include "Limited Liab	oility Company," "	L.L.C," c	 ir "LEC.")	
State of Tennessee 2.		45-53: 3.	59361				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	d) (FEI number, if applicable)					
n/a 4.							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)					
2515 Eugenia Ave, Ste	: 101	9124 E	N Old Palafox Hwy				
(Street Address of)	Principal Öffice)	o	(Mailing Addr	ess) 52 (/	101		
Nashville, TN 37211		Pensac	ola, FL 32532		10L 6103	, <u>.</u>	
	_			ASSE ASSE	01		
Name and <u>street address</u>	ss of Florida registered agent: (P.O. Box	NOT acceptal	ble)	E FLORID	PM 4: 36		
				IDA	36		
Name:	Katherine Carle						
Office Address:	9724B N Palafox St.						
	Pensacola		32534 , Florida				
	(City)		(Zip code	e)			

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 popition as registered agent.

(Registered agent (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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Katherine Fisher Manager ■ Manager Name: 9724B N Palafox St Member Address: ☐ Member Address: Pensacola, FL 32534 Authorized Authorized Person Person Other_ Other Other Other Thomas Fisher ■ Manager Name: ☐ Manager 9724B N Palafox St Member Address: Member | Pensacola, FL 32534 Authorized Authorized Person Person Other_ Other____ Other__ Katherine Carle Manager Manager Name: _____ 9724B N Palafox St Member Address: Member Address: Pensacola, FL 32534 Authorized ☐ Authorized Person Person Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



Division of Business Services Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

KATHERINE CARLE

June 7, 2019

KAT CARLE STE B 9724 N PALAFOX ST PENSACOLA, FL 37234

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/07/2019

Request #: 0318907 Copies Requested:

Document Receipt

Receipt #: 004848907

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3759822174

\$20.00

Regarding:

FISHER INSTALLATIONS, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

687250

Formation/Qualification Date: 05/25/2012

Date Formed:

05/25/2012

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FISHER INSTALLATIONS, LLC

- * is a Limited Liability Company duly formed under the law of this State with addate of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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