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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2019

EMMETT ZETTLER QUINN II 209 POWERS FERRY ROAD SE MARIETTA, GA 30067

SUBJECT: BATH EXPRESS BY QUALITY CROFTSMEN LLC

Ref. Number: W19000065310

We have received your document for BATH EXPRESS BY QUALITY CROFTSMEN LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6842.

Letter Number: 919A00014448

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 30th Express By Quality Coftsmen 140 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:
Emmett Zettler Claim II. Name of Person
Chalify Craftsmen 21-C
209 Powers Ferry Road SE /Address
MusicHta GA 30061 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (104) 473-7445 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy

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

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and accept the obligations of my position as pegistered agent.

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

COMPANY TO TRANSACT B	CTION 605.0902, FLORIDA STATUTES USINESS IN THE STATE OF FLORIDA: Company: must include	· · · · · · · · · · · · · · · · · · ·		EIGN LIMITED LIAE	ЗИЛТҮ
	name adopted for the purpose of transacting busing the control of the purpose of transacting busing the control of the control		nclude "Limited Liability Company		
4. <u>May</u>	(Date first transacted business in Florida, (See sections 605 0904 & 605.0905, F.S.)	if prior to registration.) to determine penalty liability)			
	STELLY RUSE	^	(Mailing Address)	RA SE	
Marietta,	6A 30067	Mariet	ta, 6A 30	2067	
7. Name and street addre	ss of Florida registered agent: (P.0			2019 JUL 18	27 Tg 2 Tan 2 Tan 3 Tan 3 Tan
Name: Office Address:	KEN WEEFE 1165 W. Airport			THE PERSONAL SERVICES IN THE SERVICE SERVICES SE	
	Sanford (City)	, Flori	da 32773 (Zip code)	. •	
designated in this application to comply with the provis	otance: egistered agent and to accept serv ation, I hereby accept the appoint aions of all statutes relative to the as of my position as registered age	ment as registered agent an proper and complete perfor	d agree to act in this ca	pacity. I further a	agree
	(Registere	dageni's sign on previous	ne- 00= -		

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:
Manager	Name: Jim Eldredge	Manager	Name: Mary Coins
☐Memb e r	Address: 201 Parses Ferry RASE	Member	Address: 309 Pours France Pd Sa
Authorized	Marietta GA 30067	Authorized	Meriotta GA 30067
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	
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☐ Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice:</u> 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

Emmot + Zot + Co Co T

Typed or prusted name of signee

Control Number: 19092196

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BATH EXPRESS BY QUALITY CRAFTSMEN LLC

it Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is assued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

| Docket Number | 17453065 | Date Inc/Auth/Filed: 07/03/2019 | Direction | Georgia | Print Date | 67/18/2019 | Form Number | 211



Bred Roffengage

Brad Raifensperger Secretary of State