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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

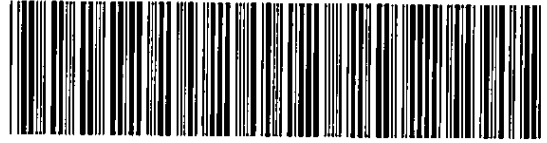
Certified Copies _____ Certificates of Status _____

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GA

Office Use Only



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2019 JUL 18 PM 4:02
SECRETARY OF STATE
MAIL ADDRESS SERVICE

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JUL 18 2019
M. SOLOMON



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.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 919A00014448

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Booth Express By Quality Craftsmen 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:

Emmett Zettler Quinn II
Name of Person

Quality Craftsmen LLC
Firm/Company

209 Powers Ferry Road SE
Address

Marietta GA 30067
City/State and Zip Code

mary@quality-craftsmen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Quinn at (404) 483-7445
Name of Contact Person 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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. Bath Express By Quality Craftsmen 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 74-2297291
(FEI number, if applicable)

4. May 8, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 209 Powers Ferry Rd SE
(Street Address of Principal Office)

6. 209 Powers Ferry Rd SE
(Mailing Address)

Marietta, GA 30067

Marietta, GA 30067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ron Wolfe

Office Address: 1165 W Airport Blvd

Sanford, Florida 32773
(City) (Zip code)

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STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

(Registered agent's sign)
Signature on previous page

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: Manager **Name and Address:** Name: Jim Eldredge
 Member Address: 209 Powers Ferry Rd SE
 Authorized Marietta, GA 30067
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Mary Quinn
 Member Address: 209 Powers Ferry Rd SE
 Authorized Marietta, GA 30067
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

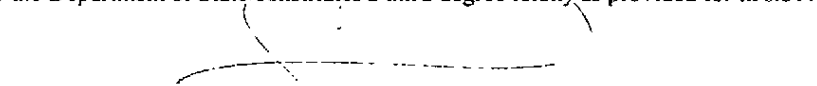
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Important Notice: 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
Emmett Zettler Quinn III

 Typed or printed name of signer

2019 JUL 18 PM 4:06
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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
a 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 issued 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 : 17433065
Date Inc/Auth/Filed: 07/03/2019
Jurisdiction : Georgia
Print Date : 07/18/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State