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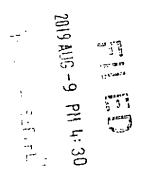
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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04/22/19--01031--016 **130.00

08/06/19--01081--012 **2026.25



BKWEET 2018



August 6, 2019

TRIP BROWN 5105 PIERCE COURT EVANS, GA 30809

SUBJECT: PRESS RENTALS LLC Ref. Number: W19000041976

We have received your document for PRESS RENTALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Letter Number: 119A00016109

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org



April 29, 2019

TRIP BROWN 5105 PIERCE COURT EVANS, GA 30809

SUBJECT: PRESS RENTALS LLC Ref. Number: W19000041976

We have received your document for PRESS RENTALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$2026.25.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00008564

SCORTIARY OF

COVER LETTER

••

	Registration Section Division of Corporations						
SUBJEC	Press Rentals LLC						
SOBJEC	- !	Name of Limi	ted Liability C	Company			
The encl	osed "Application by Foreign e, and check are submitted to	Limited Liability Company register the above reference	for Authoriza d foreign limit	tion to Transact Business in Fl ed liability company to transac	lorida." C ct busines	ertifica s in Fl	ate of orida.
Please re	turn all correspondence conce	erning this matter to the follo	owing:				
	Trip Brown						
	-	Name	of Person				
	Press Rentals LLC						
		Firm/C	Company				
	5105 Pierce Court						
		Ac	Name of Person Firm/Company Address City/State and Zip Code Idress: (to be used for future annual report notification) or, please call: To6 at (Area Code Daytime Telephone Num STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 g amount: BRIDA DEPARTMENT OF STATE				
	Evans, GA 30809						
		City/State	and Zip Code				
	tbrown@pressrentals.	com			;	20	
	Ea	mail address: (to be used for	future annual	report notification)		7019 AUG	1401 5 1
For furth	er information concerning this	s matter, please call:				Մ6 − 9	um. Tem
	Trip Brown	at		8607737			11.77
	Name of Co		\ 	Daytime Telephone Nu	mber	≖ -	1839
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	·	PH 4: 30	
	Enclosed is a check for the fo Please make check payable to	llowing amount: : FLORIDA DEPARTME	NT OF STA	TE			
		S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & \$160.00	Filing Fe s & Certif		

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

IN COMPLIANCE WITH SECTION 695,6'02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting beniness in Florida, Us	e atternate name rituat includ	e "Lansded Liability Company	(," "1∟l∠C," oz	*t.t.c.:
State of Georgia		264127127 3.			
(furnifiction under the law of w	high foreign limited hability company is argentee)		(FE) number, il epplicabi	c)	
January 1, 2008					
	(Date tiest transacted business in Florida, if prior to registrat (See sections 605,0904 & 605,0905, F.S. to determine penal	int) ity liab hty)			
5105 Pierce Court	,	PO Box 2990			
(Street Address of	Principal Office))	(Mading Address)		
Evans, GA 30809		Evans, GA 30809)		
			. <u>.</u>		2013 AUG
				<u> </u>	_¥ _¥
Same and street addres	ss of Florida registered agent: (P.O. Box NOT	_acceptable)		;	,
Name:	URS Agents, LLC			iá Di	:
Office Address:	3458 Lakeshore Drive			i 	
	Tallahassee	3 , Florida	2312		
	(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.

URS AGRAS LCC Sy. What I

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: ___ Marvin Brown Name: ______ Manager | Manager Address: 5105 Pierce Court Member Address: ■ Member Evans, GA 30809 Authorized Authorized Person Person __Other____ Other____ Other Other___ Name: ______ Manager Manager Manager Name: ______ Address: Member Member Address: ☐ Authorized Authorized Person Person Other____ Other _____ Other____ Other_ Manager Name: _____ Manager Member Address: ___ Member Address:

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.

Other_____

Authorized

Person

Other

Authorized

Person

Other_

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- 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.

-UM	X OBASS	
	Signature of an authorized person	
Trip Brown		
	Typed or printed name of signee	

Control Number: 08065133

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

PRESS RENTALS, 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 : 17480909 Date Inc/Auth/Filed: 08/20/2008 Iurisdiction : Georgia Print Date : 08/08/2019

Form Number : 211



Brad Raffanger

Brad Raffensperger Secretary of State