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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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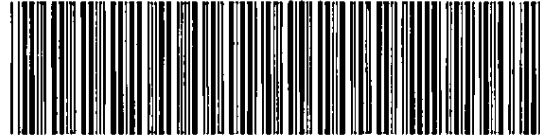
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 AUG -8 PM 4:05
MAR 2020 FILE

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AUG 19 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUCAS DRYWALL, 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:

DOUGLAS L SMITH, ESQ. REGISTERED AGENT, ATTORNEY

Name of Person

BURKE BLUE, PA

Firm/Company

221 MCKENZIE AVE

Address

PANAMA CITY, FL 32401

City/State and Zip Code

DSMITH@BURKEBLUE.COM

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

For further information concerning this matter, please call:

DOUGLAS L SMITH, REG AGENT/ATTORNEY 850 769-1414

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:

☐ \$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. Lucas Drywall, 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. Tennessee 3. 26-2347489
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 305 Shasta Drive 6. 305 Shasta Drive
(Street Address of Principal Office) (Mailing Address)
Knoxville, TN 37912 Knoxville, TN 37912

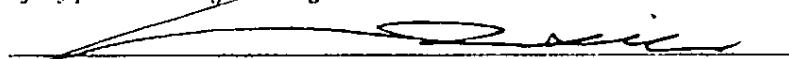
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Douglas L. Smith
Office Address: 221 McKenzie Avenue
Panama City, Florida 32401
(City) (Zip code)

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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 signature)

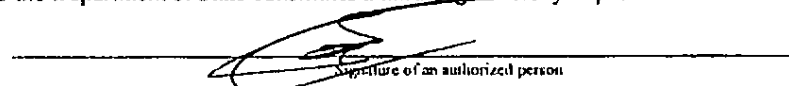
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Vice President / Sole Member</u>	<u>Jason Patel</u> <u>305 Shasta Drive</u> <u>Knoxville, TN 37912</u>		
<u>Secretary</u>	<u>Sanjay Desai</u> <u>305 Shasta Drive</u> <u>Knoxville, TN 37912</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.


Signature of an authorized person
Sanjay Desai, Secretary
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services

Department of State

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

BRADLEY H. HODGE
BRADLEY H. HODGE
STE 2100
900 SOUTH GAY STREET
KNOXVILLE, TN 37902

August 2, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0325053

Issuance Date: 08/02/2019
Copies Requested: 1

Document Receipt

Receipt #: 004950914 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3763072724 \$20.00

Regarding:	LUCAS DRYWALL, LLC	
Filing Type:	Limited Liability Company - Domestic	Control # : 573777
Formation/Qualification Date:	03/28/2008	Date Formed: 03/28/2008
Status:	Active	Formation Locale: TENNESSEE
Duration Term:	Perpetual	Inactive Date:
Business County:	KNOX COUNTY	

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

LUCAS DRYWALL, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date 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.

Tre Hargett
Secretary of State

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