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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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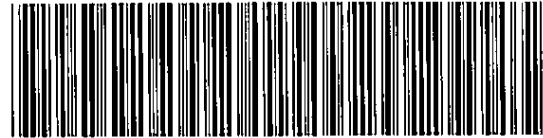
(Business Entity Name)

(Document Number)

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SEP 03 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mid South Prestress, 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:

Cherylyn Rorie

Name of Person

Mid South Prestress, LLC

Firm/Company

2949 Joe Dowlen Road

Address

Pleasant View, TN 37146

City/State and Zip Code

crorie@msprestress.com

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

For further information concerning this matter, please call:

Cherylyn Rorie

615 746-6606 Ext 0
at ()

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

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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.

1. Mid South Prestress, 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. 36-4340429
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2949 Joe Dowlen Road 6. 2949 Joe Dowlen Road
(Street Address of Principal Office) (Mailing Address)

Pleasant View, TN 37146 Pleasant View, TN 37146

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) (Zip code)
Florida

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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.

Terrie Bates, Assistant Secretary

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:**

☒ Manager Name: John Towell

☒ Member Address: 337 Partridge Court

☐ Authorized Clarksville, TN 37043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Frank Troeckler

☒ Member Address: 1351 Durham Road

☐ Authorized Clarksville, TN 37043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Nick Thompson

☒ Member Address: 774 Iron Wood Circle

☐ Authorized Clarksville, TN 37043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ray E Bertelsmann

☒ Member Address: 2957 Surrey Ridge Road

☐ Authorized Clarksville, TN 37043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

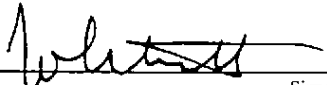
Person _____

☐ 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

John Towell / Chief Manager



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

MID SOUTH PRESTRESS, LLC
JOHN TOWELL
2949 JOE DOWLEN RD
PLEASANT VIEW, TN 37146-9044

August 22, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0327364

Issuance Date: 08/22/2019
Copies Requested: 1

Document Receipt

Receipt #: 004983587 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3764261284 \$20.00

Regarding: MID SOUTH PRESTRESS, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 01/21/2000
Status: Active
Duration Term: Perpetual
Business County: ROBERTSON COUNTY

Control #: 383339
Date Formed: 01/21/2000
Formation Locale: TENNESSEE
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

MID SOUTH PRESTRESS, 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