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Help

COVERLETTER

TO: Registration Section Division of Corporations

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SUBJECT: WGQ Home Solutions, 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:

Capitol Services - Corporate Filings Team

Firm/Company

Name of Person

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

WGQHomeSolutions@gmall.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	_ nt (_	855 Area Code	<u>498 - 5500</u> Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration, Section 2.O. Box 6327 Fallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Centor Circle Tullahassee, FL 32301

S125.00 Filing Fee	S130.00 Filing Foe &	\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	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 PORIERIN LIMITED LIABILIT COMPANY TO TRANSACT BUNNESS IN THE STATE OF FLORIDA:

name universitérie, enter alternate n	and adopted for the purpose of manacting beginess in Fl	orida. The a	alleraste name sont include "Limitel Lisbitty Company," "L.L.C." or "E	ົ້າ
Delaware		3.	3 83-3636352	
(Iuristication under the law of wi	ich foreign limited lightliny company is organized)		(1794 somabler, if applica ble)	
	(Dase these transacted burdeness in Florida, if prime a (Nate searing) 605,0904 & 603,0905, F.S. to determ	o regestration rand penality	ina.) Ny fabilitry)	
346 Main Street		6. 346 Main Street		
(Stradi Address of)	riacipal Office)		(AUDITED AVAILATES)	
Moss Point, Missis	sippl 39563		Mass Point, Mississippi 39563	
				_
Name and street addres	n of Florida registered agent: (P.O. Bo	x <u>NOT</u>	<u>L'asceptable)</u>	
Name:	Capitol Corporate Services, Inc	<u>. </u>		
	515 East Park Avenue 2nd Fl			
Office Address:			, Porida 32301	
Office Address:	Tallahassee			

ZÌ. 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.

Kim Tadlock, Asst. Secretary on behalf Kim Tallach of Capitol Corporate Services, Inc.

(Registered agent's signature)

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:	or Canacity: Name and Address: This or Canac		<u>Name and Adv</u>		<u>1:</u>
Manager	Name: Charles Jeff While	Manager 🗌	Name:		
Member	Address: 346 Main Street	Member	Address:		
Authorized	Mosspoint, MS 39563	Authorized			
Person		Person	. <u></u>		
Other	Other	Duper		Other	
Марадет	Name: Harry M. Gray	Manager	Name:		
Meniher	Address: 346 Main Street	Member	Address:		
Authorized	Mosspoint, MS 39563	Authonized			
Person		Person		<u>.</u>	<u> </u>
Other	Other	Other		Other	6101
					UC I
Manager	Name: J. Chris Quinn	Manager	Name:		
Member	Address: 346 Main Street	Member	Address:		
Anthonized	Mosspoint, MS 39563	Authorized			ł
Person		Person			
Other	Other	Other		Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 anthenticated 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 out 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 a 817.155, F.S.

Signature of an authorized perion

Charles Jeff White

Typed or printed same of signer



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WGQ HOME SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WGQ HOME SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



YMSR,

Authentication: 203717799 Date: 10-03-19

7287900 8300

SR# 20197361882 You may verify this certificate online at corp.delaware.gov/authver.shtml