

10/15/2019

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company DRAINGO OF FLORIDA LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DRAINGO OF FLORIDA, 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

Please return all correspondence concerning this matter to the following:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE. N., SUITE 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

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, Co
of Status & Certified C

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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. DRAINGO OF FLORIDA, 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

(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 84-3333589

(FID number, if applicable)

4.

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

5. 6883 HIGHWAY 14

(Street Address or Principal Office)

6.

6883 HIGHWAY 14

(Mailing Address)

BRIGHTON, TN 38011

BRIGHTON, TN 38011

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

Name: VINCENT MELIONE

Office Address: 1615 PERCHERON DR.

TRINITY

(City)

Florida 34655

(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 as 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)

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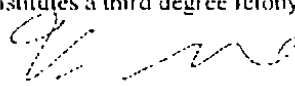
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: VINCENT MELIONE	<input type="checkbox"/> Manager	Name: MIKE JONES
<input type="checkbox"/> Member	Address: 1615 PERCHERON DR	<input type="checkbox"/> Member	Address: 6883 HIGHWAY 14
<input type="checkbox"/> Authorized	TRINITY, FL 34655	<input type="checkbox"/> Authorized	BRIGHTON, TN 3801
Person		Person	
<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other AMBR	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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.



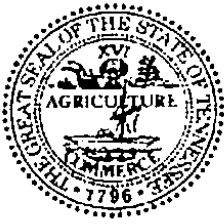
Signature of an authorized person

VINCENT MELIONE

Typed or printed name of signer

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Tre Hargett
Secretary of State

**Division of Business Service
Department of State**

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

LICENSES ETC
886 110TH AVE N SUITE 6
NAPLES, FL 34108

October 15

Request Type: Certificate of Existence/Authorization
Request #: 0334409

Issuance Date: 10/15/2019
Copies Requested:

Document Receipt

Receipt #: 005062495

Filing Fee: \$

Payment-Credit Card - State Payment Center - CC #: 3767549380

\$

Regarding: Draingo of Florida, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 10/01/2019
Status: Active
Duration Term: Perpetual
Business County: TIPTON COUNTY

Control #: 1054450
Date Formed: 10/01/2019
Formation Locale: TENNESSEE
Inactive Date:

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CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective the issuance date noted above

Draingo of Florida, 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 record of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

*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

Processed By: Cert Web User

Verification #: 039

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