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2019 OCT 25 PM 1:00

D. BRUCE
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TO: Registration Section
Division of Corporations

SUBJECT: **POWERLIGHTS & EQUIPMENT CO 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:

DUANE MITCHELL

Name of Person

POWERLIGHTS & EQUIPMENT CO LLC

Firm/Company

PO BOX 4256

Address

LAUREL, MS 39441

City/State and Zip Code

LAURA@CERRACPA.COM

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

For further information concerning this matter, please call:

DUANE MITCHELL

Name of Contact Person

at (**601**) **433-5229**

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

2008 OCT 27 PM 1:01

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. POWERLIGHTS & EQUIPMENT CO LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

POWERLIGHTS & EQUIPMENT 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. MISSISSIPPI

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

3. 27-2243291

(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. 967 HAWKES RD

(Street Address of Principal Office)

6. PO BOX 4256

(Mailing Address)

LAUREL, MS 39443

LAUREL, MS 39441

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.



(Registered agent's signature)

2019 OCT 25 PM 1:31

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: DUANE MITCHELL

☒ Member Address: 967 HAWKES RD

☒ Authorized LAUREL, MS 39443

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: LAURA BRAME CERRA, CPA

☐ Member Address: 415 N MAGNOLIA STREET

☒ Authorized SUITE 330

Person LAUREL, MS 39440

☒ Other CPA ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

LAURA BRAME CERRA, CPA

Typed or printed name of signer



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

POWERLIGHTS & EQUIPMENT CO., LLC

Registered the 14th day of December, 2011

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

20 Iris Lane, Laurel, Ms 39443; PO Box 4256
Laurel, MS 39441

And that the registered agent at that address is:

Mitchell, Daune

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 23rd day of October, 2019

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." with a horizontal line underneath.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19072850

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>