N20000050

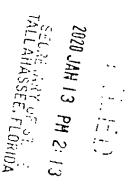
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W1900010850A

Office Use Only



000336800670

11/19/19--01020--028 **130.00





Division of Corporations

December 14, 2019

COREY AHERN 913 SARATOGA DR. ALPHARETTA, GA 30022

SUBJECT: CONNECT CONSTRUCTION LLC

Ref. Number: W19000108502

We have received your document for CONNECT CONSTRUCTION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 919A00025450

RECEIVED

JAN 1 3 2020



COVER LETTER

Divisio	ration Section on of Corporations				
SUBJECT:	CONNECT CON	istruction L	LC		
		Name of Limited I	iability Company		
	application by Foreign Limite heck are submitted to register				
Please return all	correspondence concerning t	his matter to the following	Ĭ;		
	Corry	Ahern Name of Po			
				2020 JAN 13 PM 2: 13	
	CONFECT	Construction Firm/Comp	LLC	AAR MAN	
		Firm/Comp	any	SSE G	4
	913 SAR	AtogA DR.	S	70 X	-
		Addres	S	ORIĐ	
	Alphare	HA GA 3 City/State and 2	(uc))	ω	
	0	City/State and 7	ip Code		
	COREY Q	Cranted Constru	cha LLC. an	1	
For further infor	mation concerning this matte	r, please call:			
(OREY AHERN Name of Contact P	at (_ &	78) 684-80	450	
	Name of Contact P	erson Ai	ea Code Daytime Te	riepnone Number	
	ING ADDRESS: n of Corporations		STREET ADDI Division of Corp		
Registra P.O. Bo	ation Section ox 6327		Registration Sect Clifton Building	tion	
	ssee, FL 32314		2661 Executive C Tallahassee, FL		
	ed is a check for the following make check payable to: FLO		OF STATE		
	25.00 Filing Fee S130	0.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	S160.00 Filing of Status & Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BO	CTION 605.0902, FLORIDA STATUTES, THE FC USINESS IN THE STATE OF FLORIDA:	HIQWINC	G IS SUBMI	TTED TO RE	GISTER A FO	DREIGN LIMITE	D I JABII J
L. CHNNECT G	ASTRUCTION LLC						
(Name of Foreign	Limited Liability Company, must include "Limited	Liability (ompany," "	L.L.C.," or "LI	.C.")	<u> </u>	
PERVAN,	AND AHERN LLC						
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flori	da. The alter	nate name mus	t include "Limite	d Liability Com	pany," "L.L.C," or "L	Ţ.C.")
_ TENNESSE	E hich foreign limited liability company is organized)	3	83	4428	749		
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	ے	_ 	(FEI	number, if appli	cable)	_
	V/A						
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determin	gistration.) penalty liab	oility)				
1419 S'AMO	BARK TRAIL	6	913	SARAT	CGA DA	e	
MURFREESBERG	TN 37136	Ĺ	HPhai	RELLA	GA	30c 22	- - -
		_			,		~
		_					_
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)				
	Keri Ahern				ž	٠,	
Name:	Neti Alletti				37.7	202 Sec.	
Office Address:	10190 Imperial Point Dr W Apt 23	<u></u>			AHASS	O JAN	
	Largo		, Flor	33774	EE TO	13 P	•
	(City)			(Zig	o code)	N1	٠
egistered agent's accep	tance:				/D`A	• •	
signated in this applica comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registere	d agent ai	nd agree to .	ited liability act in this c	capacity. I fur	ther agre
id accept the obligation:	s of my position as registered agent.		_	,	ŕ	•	
	Leu Shen						
	(Registered goent's sig	matume)					

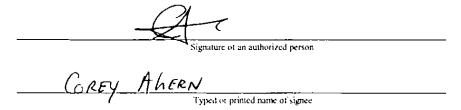


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: ASMIR PERVAN	Manager	Name: COREY AHERN
Member	Address: 1419 ShaqBank TRL	☐ Member	Address: 913 SARATEGA DR.
Authorized	MURFREESBORG, TN 37136	Authorized	Alpharetta, GA 30072
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	7ALL
Other	Other	Other	
_		_	SSEE,
Manager	Name:	Manager	Name: P 7
Member	Address:	Member	Address & G
Authorized		Authorized	
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. 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. Lam aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.





Division of Business Services Department of State

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

COREY AHERN

Secretary of State

COREY AHERN 913 SARATOGA ALPHARETTA, GA 30022

Request Type: Certificate of Existence/Authorization

Request #: 0345383

Issuance Date: 01/09/2020

Copies Requested: 1

Document Receipt

Receipt #: 005185435 Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3772847824

\$20.00

January 9, 2020

Regarding: Connect Construction LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 04/15/2019

Status: Duration Term: Active Perpetual

Business County: RUTHERFORD COUNTY

Control # : 21023446 Date Formed: 505/01/20

Formation Locale: TENNESSEE

Inactive Date:

ASSER ASSER

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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

Connect Construction 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 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 #: 037248230