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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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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RD Fence 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:

Debbie M<sup>c</sup>Callister  
Name of Person

RD Fence LLC  
Firm/Company

704 Wade Rd  
Address

Pelham Ga 31779  
City/State and Zip Code

fmcclister1957@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie M<sup>c</sup>Callister at ( 832 ) 405-4981  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. RD Fence 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. Georgia

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

3. 47-2452260

(FEI number, if applicable)

4. 1-16-20

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

5. 704 Wade Rd

(Street Address of Principal Office)

6. Same as Street Address

(Mailing Address)

Pelham Ga 31779

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)

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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.*

Bill Hume

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Debbie M<sup>c</sup>Callister</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>704 Wade Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Pelham Ga 31779</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Robert M<sup>c</sup>Callister</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>704 Wade Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Pelham Ga 31779</u>	<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. 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.

Debbie M<sup>c</sup>Callister  
Signature of an authorized person

Debbie M<sup>c</sup>Callister  
Typed or printed name of signee

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# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **RD Fence, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18363583  
Date Inc/Auth/Filed: 01/16/2015  
Jurisdiction : Georgia  
Print Date : 01/15/2020  
Form Number : 211

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*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



GEORGIA  
CORPORATIONS  
DIVISION

GEORGIA SECRETARY OF STATE  
BRAD RAFFENSPERGER

**BUSINESS SEARCH**

BUSINESS INFORMATION

Business Name:	<b>RD Fence, LLC</b>	Control Number:	<b>15008613</b>
Business Type:	<b>Domestic Limited Liability Company</b>	Business Status:	<b>Active/Owes Current Year AR</b>
Business Purpose:	<b>NONE</b>		
Principal Office Address:	<b>704 Wade Road, Pelham, GA, 31779</b>	Date of Formation / Registration Date:	<b>1/16/2015</b>
State of Formation:	<b>Georgia</b>	Last Annual Registration Year:	<b>2019</b>

REGISTERED AGENT INFORMATION

Registered Agent Name: **Robert McCallister**  
Physical Address: **704 Wade Road , Pelham, GA, 31779, USA**  
County: **Mitchell**

Filing History

Name History

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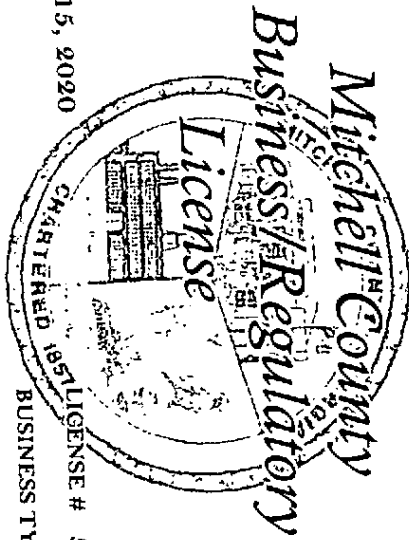
2020

CERTIFICATE EXPIRES  
Thursday, December 31, 2020

18 North Court Street  
Canilla, Georgia 31730

Phone 229.336.2060  
Fax 229.336.2362

ISSUE DATE January 15, 2020  
BUSINESS NAME  
RD Fence, LLC  
Fence Contractor  
BUSINESS TYPE



CERTIFICATE ISSUED IN THE NAME OF  
Debbie McCallister  
BUSINESS ADDRESS  
704 Wade Road  
Pelham, Ga. 31779

MITCHELL COUNTY SHALL HAVE THE  
RIGHT TO SUSPEND ANY LICENSE IF THE  
BUSINESS VIOLATES ANY LAW OR  
ORDINANCE OF THE UNITED STATES,  
THE STATE OF GEORGIA, OR MITCHELL  
COUNTY.

Authorized by *[Signature]*