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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Herrera'S Flooring LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please return all correspondence concerning this matter to the following:	
Marco. Antonio Herrera Name of Person	
Herrera's Flooring, UC Firm/Company	
545 11th AVE NE	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification))
For further information concerning this matter, please call:	20
Katrina Hewera at (229), 200 3055 Name of Contact Person Area Code Daytime Telephone Number	20/0 FED 3
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	Pii 2: 22
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, S125.00 Filing Fee & Certificate of Status Certified Copy of Status & Cert	

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

	TION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTE ISINESS IN THE STATE OF FLORIDA:	ER A FORFIGN LIMITED LIABILITY
1. Herrer	2'S Flooring, LLC Limited Liability Company, Must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(,		
(If name unavailable, enter afternate r	name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Li-	ability Company," "L.L.C," or "LLC")
2. Sloval Control of War of W	Thich foreign limited liability company is organized) 3. (FEI numb	er, if applicable)
J		
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605,0905, F.S. to determine penalty liability)	
s. 545 1	11th Ave NE 6. Same	<u> </u>
(Street Address of Principal Office)	(Mailing Address)	
<u> </u>	GH 21060	
· · · · · · · · · · · · · · · · · · ·		
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	2029 FEB
	1 D C P.	ار المار المار المار المار ا
Name:	Cedho PAMON GARGA Piris 3281 Woodbrior In Tour	
Office Address:	3281 wood briar In Town	PH 2: 22
	Tallanassee , Florida 3230 (Zip code)	<u>3</u>
Registered agent's accep		
designated in this applica	egistered agent and to accept service of process for the above stated limited attion. I hereby accept the appointment as registered agent and agree to act to	in this capacity. I further agree
	ions of all statutes relative to the proper and complete performance of my a is of my position as registered agent.	luties, and I am familiar with
	a forther	
	(Registered agent's big attitud	

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: Katrina Herrera	Manager	Name: Marco Herrera
□Member	Address: 545 11th AVE NE	□Member	Address: 545 11th AUEN
Authorized	<u>Cairo, GA 39828</u>	□Authorized	Cairo, GA 39828
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other
			20
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	7 .;
Person		Person	
□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, 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.

Signalure of an authorized person

Katrina L. Herrera

Expediat printed name of scone

Control Number: 19143166

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

HERRERA'S FLOORING, 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 : 18500019
Date Inc/Auth/Filed: 10/25/2019
Jurisdiction : Georgia

Print Date : 01/31/2020

Form Number : 211 (2)

Brad Rafforaperger

Brad Raffensperger Secretary of State

