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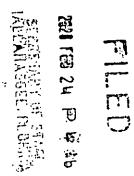
(Requestor's Name)				
(Address)				
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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#### **COVER LETTER**

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	istration Section ision of Corporations		
SUBJECT:	Homestead Joist Reinforcement, LLC.	. <b>∢</b>	
JODSEC 1.	Name	e of Limited Liability Company	
The enclosed Existence, an	l "Application by Foreign Limited Liability of check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concerning this matter to	o the following:	
	Michelle Ray		
		Name of Person	
	Homestead Joist Reinforcement, LLC.		
		Firm/Company	
	551 Rhea Springs Road		
	100	Address	
	Spring City, TN 37381		
	С	ity/State and Zip Code	
	Homesteadreinforcement@gmail.com		
	E-mail address: (to be	used for future annual report notification)	
For further in	aformation concerning this matter, please cal	1:	
Michelle Ray		423 834-2410 at ( )	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee Certificate o	e & 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate	

## 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. Homestead Joist Reinfo			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	bility Company." "L.L.C.," or "E.L.C.")
off name unavailable enter alternate t	name adopted for the nurnose of transacting business in F	lorida. The	The alternate name must include "Limited Liability Company," "L.L.C," or "LLC
	and adopted to the purpose of the same of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Tennessee 2.		3.	84-3315509 3
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)
n/a 4.			
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio	ration.) nalty liability)
551 Rhea Springs Road		6	551 Rhea Springs Road 6.
Street Address of Principal Office)	Street Address of Principal Office)		6. (Mailing Address)
Spring City, TN 37381			Spring City, TN 37381
-			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	<u>OT</u> acceptable)
	_		
Name:	Registered Agents Inc.		
	7901 4th St N STE 300		
Office Address:			
	St. Petersburg		33702
	(City)		Florida (Zip code)
	• 1		

#### 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.

Bee have
(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: \_Colby Yarger Name: Michelle Ray □ Manager □Manager Address: 551 Rhea Springs Road Address: 551 Rhea Springs Road ☐ Member □Member Spring City, TN 37381 Spring City, TN 37381 Authorized □ Authorized Person Person CEO ≣Other\_\_ □Other\_\_\_\_ □Other □Other\_\_\_\_ Name: \_\_\_\_\_\_ Name: □Manager □Manager Address: Address: □Member □Member ☐ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_ Name: □Manager □Manager Name: \_\_\_\_\_ Address: □Member Address: ■Member ☐ 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. Nonindexed 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. Signature of an authorized person Michelle Ray

I vped or printed name of signee



### **Division of Business Services Department of State**

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

**MICHELLE RAY** 

February 20, 2020

MICHELLE RAY 551 RHEA SPRINGS ROAD SPRING CITY, TN 37381

Request Type: Certificate of Existence/Authorization

0351245

Issuance Date: 02/20/2020

Copies Requested:

**Document Receipt** 

Receipt #: 005300175

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3775979969

\$20.00

Regarding:

Request #:

Homestead Joist Reinforcement LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 09/25/2019

Status:

Active

Duration Term: Perpetual

Business County: RHEA COUNTY

Control #:

1053374

Date Formed:

09/25/2019

Formation Locale: TENNESSEE

Inactive Date:

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

#### Homestead Joist Reinforcement 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.

Secretary of State

Processed By: Cert Web User

Verification #: 037997642