

N 20000000321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

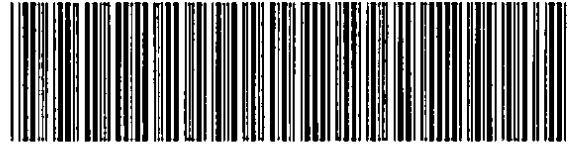
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2020

A PLUS FLOOR CARE SPECIALIST LLC
1369 HEADLAND AVENUE
DOTHAN, AL 36303

We have received your document for A PLUS FLOOR CARE SPECIALIST LLC and your check(s) totaling \$. 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: 220A00003002

RECEIVED

MAR 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Plus Floor Care Specialist

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:

Elizabeth Conner

Name of Person

A Plus Floor Care Specialist LLC

Firm/Company

1369 Headland Avenue

Address

Dothan, AL 36303

City/State and Zip Code

info@aplusfloorcare.com

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

For further information concerning this matter, please call:

Elizabeth Conner

850

842-0679

at (_____) _____

Name of Contact Person

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

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TALLAHASSEE, FLORIDA

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. A Plus Floor Care Specialist LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. State of Alabama 3. 84-2330986
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if any)

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

5. 3169 Headland Ave 6. 1369 Headland Ave
(Street Address of Principal Office) (Mailing Address)

Dothan, AL 36303 Dothan, AL 36303

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

Name: Kenneth Stewart

Office Address: 18751 NE Roy Golden Rd

Blountstown 32424-0000
(City) (Zip code)

Florida

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.

Kenneth Stewart
(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]:

Title or Capacity: Name and Address:

☒ Manager Name: John E. Donaldson

☐ Member Address: 106 Margate Ave

☒ Authorized Dothan, AL 36303

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Sylvia Elizabeth Conner

☐ Member Address: 106 Margate Ave

☒ Authorized Dothan, AL 36303

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Kenneth A. Stewart

☐ Member Address: 187651 NE Roy Golden Rd

☒ Authorized Blountstown, FL 32424-0000

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Christopher Rogers

☒ Member Address: 4300 Essex Terrace Cir

☐ Authorized Pace, FL 32579-6352

Person _____

☒ Other technician _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

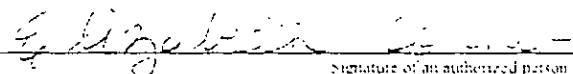
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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.

 _____
Signature of an authorized person

Elizabeth Conner

Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that A Plus Floor Care Specialist, LLC was formed in Houston County, Alabama on July 18, 2019. The Alabama Entity Identification number for this entity is 581-840. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



004-215

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

Date March 13, 2020

John H. Merrill Secretary of State