12000037

(Re	equestor's Name)	
(Ac	idress)	
(Address)		
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		





100342437401

03/23/26--61031--015 **125.60

2020 HAR 23 PM 3: 01
SEUIL PARY OF STATE





BRANNEN, SEARCY & SMITH, LLP

ATTORNEAN AT LAW
P. O. BOX 8002
SAVANNAH, GEORGIA 31412-8002

PERRY BRANNEN (1903-1983) WILLIAM N. SLABOY (1942-2018) DAVID R. SMITH JORDON D. MODROW ASH II H. VACGOT MARK H. GERBER (GARC SC) HOLLE F. JUNEAU GERBER (GARC SC) HOLLE JUNEAU GARRITUR GREINER

March 20, 2020

OF COUNSEL FRANK P. BRANNEN (RETUREDS DANIEL C. COBLN

TELEPHONE 0912) 234-8875 FACSIMILI (092) 232-3792

STREET ADDRESS 22 EAST 34 "STREET SAVANNAIG GA 31401-7433

<u>Via Federal Express</u>

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe St., Suite 810 Tallahassee F1, 32303 FILED
2020 HAR 23 PH 3: 01

Re: Southeast Commercial Exteriors, LLC, a Georgia Limited Liability Company

To Whom It May Concern:

Enclosed please find the following documents for registration of a foreign limited liability company to transact business in Florida:

- 1. Cover Letter:
- Application executed by both the Registered Agent and Managing Member;
- 3. Certificate of Existence from the State of Georgia dated 3/11/20; and
- 4. Check in the amount of \$125.00 to cover the Filing fee and Designation of Registered Agent fee.

I would greatly appreciate your processing this application and do not hesitate to call or email me with questions or concerns.

Thank you in advance.

Very truly yours.

ASHLEE H. VAUGHT

For the Firm

AHV/en Enc.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sutheast Comp. Name of Lin	nercial Exteriors, LLC	
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 fo	llowing:	
Brannen, Sca Firm 22 East 34 Swannah, City/Stat Avaught O	H Vaught, ES92 e of Person ACCOMPANY Company Address Address Address Address Address CA 31401 e and Zip Code Drannen law. Component future annual report notification)	
For further information concerning this matter, please call:		
Ashlee Vaught Name of Contagn Person	at (91) 234 - 8875 Area Code Daytime Telephone Number	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address: Registration Section Division of Corporations The Centre of Tallahassee 415 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 \$\sum_{\text{S}}\$125.00 Filing Fee \text{S}\$130.00 Filing Fee & \text{S}\$155.00 Filing Fee & \text{S}\$160.00 Filing Fee, Certificate Certificate of Status \text{Certified Copy} \text{of Status & Certified Copy}		

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (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. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. Onte first transacted business in Florida, if prior to revistration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1335 Lynah Ave. 6. 1335 Lynah Ave. (Street Address of Principal Office) 6. (Stailing Address)
Suite 108 Suite 108
C
Swannah, GA 31408 Swannah, GA 31408
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agents, Ine. Office Address: 7901 4th St. N. Svite 300
300 A/Sit- 300
Office Address: 1901 4th St. N. Suite
St. Petersburg, Florida 33702
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.
Bel Time
(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: Title or Capacity: Name and Address: Manager □Manager Name: □Member Address: \Box Authorized □ Authorized Person Person □Other □Other_ Other_ □Manager Name: □Manager Name: ☐ Member Address: ____ □Member Address: ☐ Authorized □Authorized Person Person Other____ □Other__ □Other_ □Manager Name: _____ □Manager Name: Address: ☐ Member □Member Address: ____ □ 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.

Control Number: 20009418

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 he	reby certify under the seal of
my office that	
my office than	HAR T
	N SE N -
SOUTHEAST COMMERCIAL EXTERIORS, I	၉ π်© ဗို≾ က
a Domestic Limited Elability Company)	
	<u>''```</u>
	<i>70.8</i>
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 ann	ual 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 111
Cancenation of any othersimilar document with metorice of the secretary of	
This certificate relates only to the legal existence of the above-named entitys	as of the date issued. It does
not certify whether or not a notice of intent to dissolve, an application fo	r withdrawal, a statement of
commencement of winding up or any other similar document has been f	
Secretary of State.	1/1
secretary of state.	1.7
	<i></i>
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.
	✓
	D 1. W. L. 10757000
	Docket Number : 18757829
	- Data Ina/Auth/Eilad: 01/21/2020 -

Date Inc/Auth/Filed: 01/21/2020 Jurisdiction : Georgia : 03/11/2020 Print Date Form Number : 211



Brad Raffungerger