

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : API PROCESSING
Account Number: 120110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

****Enter an email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kathy@apiprocessing.com

**Foreign Limited Liability Company
Wrench Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

RECEIVED

2020 MAY 21 AM 9:35

MAY 22 2020

H20000151055
Page 4 of 6APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Wrench Group 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)3. _____
(FEI number, if applicable)4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S., to determine penalty liability)5. 1787 Williams Drive
(Street Address of Principal Office)6. 1787 Williams Drive
(Mailing Address)Marietta, GA 30066Marietta, GA 300667. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: API Processing - Licensing, Inc.Office Address: 3419 Galt Ocean Drive, Suite AFort Lauderdale, Florida 33308
(City) (Zip code)

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.*Kathy Brannan
(Registered agent's signature)

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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: Michael Thompson	<input checked="" type="checkbox"/> Manager	Name: Kenneth Haines
<input type="checkbox"/> Member	Address: 1787 Williams Drive	<input type="checkbox"/> Member	Address: 1787 Williams Drive
<input type="checkbox"/> Authorized	Marrietta, GA 30066	<input type="checkbox"/> Authorized	Marrietta, GA 30066
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
<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.



Signature of an authorized person

Michael Thompson

Typed or printed name of signer

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H20000151055 :

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Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WRENCH GROUP LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2020.



5967537 8300

SR# 20203092153

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202842374

Date: 04-28-20

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850-617-6381

5/21/2020 9:07:54 AM PAGE 1/001 Fax Server

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May 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

API PROCESSING

SUBJECT: WRENCH GROUP LLC
REF: W20000050148

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist IIFAX Aud. #: H20000149496
Letter Number: 820A00010238