



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NORCO, LLC**

\_\_\_\_\_  
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:

JACKIE FARRIS

\_\_\_\_\_  
Name of Person

BSI CONTRACTOR SERVICES

\_\_\_\_\_  
Firm/Company

36 ARLINGTON RD S

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32216

\_\_\_\_\_  
City/State and Zip Code

JACKIE@BSICONTRACTORSERVICES.COM

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

For further information concerning this matter, please call:

JACKIE FARRIS

904

683-5494

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 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**

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2020

JACKIE FARRIS  
36 ARLINGTON RD S  
JACKSONVILLE, FL 32216

SUBJECT: NORCO, LLC  
Ref. Number: W20000062559

We have received your document for NORCO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 920A00012177

RECEIVED

JUN 29 2020

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. NORCO, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

NORCO OF Florida, 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. ALABAMA 3. 84-4116204  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1600 SANDHILL RD, AUBURN, AL 36830 6. 1600 SANDHILL RD, AUBURN, AL 36830  
(Street Address of Principal Office) (Mailing Address)

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

Name: JACKIE FARRIS-BSI CONTRACTOR SERVICES

Office Address: 36 ARLINGTON RD S

JACKSONVILLE , Florida 32216  
(City) (Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.

Jackie Farris  
(Registered agent's signature)

FILED  
JUN 29 PM 4:24  
CLERK OF COURT  
JACKSONVILLE, FLORIDA

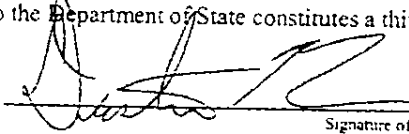
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: DUSTIN NORRIS	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1600 SANDHILL RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	AUBURN, AL 36830	<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 _____
 <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 _____

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

This is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information 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

Dustin Norris

\_\_\_\_\_  
 Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of 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 Norco, LLC was formed in  
Houston County, Alabama on October 23, 2019. The Alabama Entity  
Identification number for this entity is 591-117. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.



20200615000017108

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.

06/15/2020

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State