# MA0000059a8

(Requ	iestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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### COVER LETTER

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TO:	Registration Section Division of Corporations		Á.		
	Pro-Grade Drywall, LLC				
SUBJ	ECT:		_		
	Nan	ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus			
Please	e return all correspondence concerning this matter	to the following:			
	Steve Smiley				
		Name of Person	-		
	Pro-Grade Drywall, LLC				
	Firm/Company				
	103 Ventura St.				
Address					
	Anderson, SC 29621				
	(	City/State and Zip Code	_		
	stevesmiley442@gmail.com				
	E-mail address: (to b	oc used for future annual report notification)	_		
For fu	orther information concerning this matter, please co	ull:			
	Steve Smiley	513 787-3660			
	Name of Contact Person	Area Code Daytime Telephone Number	_		
	Mailing Address:	Street Address:			
Registration Section		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			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$\Begin{array}{c} \le \text{S125.00 Filing Fee} \equiv \text{S130.00 Filing Fee} \text{Certificate} \end{array}	ee & 🔲 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee			



June 19, 2020

STEVE SMILEY 103 VENTURA ST ANDERSON, SC 29621

SUBJECT: PRO-GRADE DRYWALL, LLC

Ref. Number: W20000062655

We have received your document for PRO-GRADE DRYWALL, 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):

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 920A00012206

RECEIVED

JUL 0 6 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. Pro-Grade Drywa	II, LLC	127				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	ty Company," "L.L.C.," or "ELC.")			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in I	Florida. The	e alternate name must include "Limited Liability Company," "L.L.C." or "LLC."			
Ohio		3	45-3980915			
(Jurisdiction under the law of which foreign limited liability company is organized)		٠,٠	(FEI number, if applicable)			
4	Not begun ye	t				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registratio nine penalty	on.) y liability)			
Pro-Grade Drywa	ill, LLC	6	Steve Smiley (Mailing Address)			
(Street Address of Principal Office)		***	(Mailing Address)			
6096 Country Hills Dr.  Cincinnati, OH 45233			103 Ventura St.  Anderson, SC 29621			
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u>	_acceptable)			
Name:	Joe Ballard		n sur			
Office Address	3172 Irving St.					
	Sarasota		مَّدُ مُنْ عَلَيْهِ ع Florida			
	(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.

(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:	<u>.</u>	Name and Address:
■ Manager	Name: Wayne S. Smiley (Steve)	□Manager	Name:	
■Member	Address: Steve Smiley	□Member	Address:	
□Authorized	103 Ventura St.	□Authorized		
Person	Anderson, SC 29621	Person		
□Other	Other	□Other		□Other
■Manager	Name: Elva A. Smiley	□Manager	Name:	
■Member	Address: Eric Smiley	□Member		
□Authorized	6096 Country Hills Dr.	□Authorized		
Person	Cincinnati, OH 45233	Person		
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
∐Member	Address:	□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.

Wayne S. Smiley

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRO-GRADE DRYWALL LLC, an Ohio For Profit Limited Liability Company, Registration Number 2064897, was organized within the State of Ohio on December 1, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of July, A.D. 2020.

**Ohio Secretary of State** 

Find for

Validation Number: 202018303960