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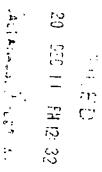
(Requestor's Name)					
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(Business Entity Name)					
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TO:	Registration Section Division of Corporations		·	
1		· · · · · · · · · · · · · · · · · · ·	*	
	Shear Solutions group, LLC	;		
SUBJI	ECT:Name	of Limited Liability Company		
The en Exister	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	ompany for Authorization to Transact Bi ferenced foreign limited liability compa-	usiness in Florida," Certificate of ny to transact business in Florida	
Please	return all correspondence concerning this matter to	the following:		
	A. Randy McMichael	<u> </u>		
		Name of Person		
	Shear Solutions Group, LLC			
		Firm/Company		
	1857 Shades Crest Rd			
		Address		
	Birmingham, AL 35216			
	Cit	y/State and Zip Code		
	randy@shearsolutionsgroup.com			
	E-mail address: (to be	used for future annual report notification)	
For fu	rther information concerning this matter, please call	:		
Randy McMichael		205 296-3115 at ()		
	Name of Contact Person		lephone 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 DEPa \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗏 \$	160.00 Filing Fee, Certificate 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Shear Solutions Group, I	LLC					
(Name of Foreign L	imited Liability Company; must include "Limite	d Liability (Company,""L.L.C.," or "LLC.")			
Shear Solutions, LLC						
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Fl	orida. The alt	ernate name must include "Limited Liab	oility Company," "L.L.C," or "LLC."		
State of Alabama 2. (Jurisdiction under the law of which foreign limited liability company is organized)			82-1623537 (FEI number	(FEI number, if applicable)		
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		(· - · · · · · · · · · ·	••		
December 15, 2020				<u></u>		
*·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) inc penalty li	ability)			
1857 Shades Crest Rd		6.	857 Shades Crest Rd			
5. (Street Address of Principal Office)			(Mailing Address)			
Birmingham, AL 35216	5	F	Birmingham, AL 35216			
				···		
		_		<u></u>		
	(D.C. Po	. NOT a	reentable)			
7. Name and street addres	s of Florida registered agent: (P.O. Bo.	X <u>NOT</u> ai	techaole)	F 20		
Name:	Carlos Avonce			20 FCC I		
Office Address:	107 Johns Place					
	Davenport		, Florida(Zin code)	- データ - データ		
	(City)		(vt) code)	34. S		

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: Name and Address: Title or Capacity: Randy McMichael Name: Name: ______ □Manager □Manager Address: 1857 Shades Crest Rd Address: _____ □Member □ Member Birmingham, AL 32516 ☐ Authorized □ Authorized Person Person President □Other_____ □Other____ □Other ____ Other Name: _____ □Manager Name: _____ □Manager □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other____ Other____ □ Other Name: □Manager □Manager 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. Rady MrM Signature of an authorized person A. Randy McMichael Typed or printed name of signee

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 Shear Solutions Group, LLC was formed in Jefferson County, Alabama on May 24, 2017. The Alabama Entity Identification number for this entity is 392-421. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

12/10/2020

Date

X 24. Merill

John H. Merrill

Secretary of State