

Fax: 15182130764

To:

Fax: (850) 617-6383

Page: 2 of 5

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12/17/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:___

Foreign Limited Liability Company Nonn's Flooring, LLC

Certificate of Status	0
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To:

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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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The	afternate name must include "Limited Liability	Company," "L.L.C," or "LL
Delaware			85-4184378	
(Jurisdiction under the Law of which foreign limited liability company is organized)		3.	(FI) number, if applicable)	
(Manufactive direct the may be well				
· - 	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ine penalty	1.) Hability)	_
7550 Graber Rd			7550 Graber Rd	
treet Address of Principal Office)		6.	(Mailing Address)	
Middleton, WI 53562			Middleton, WI 53562	
				<u> </u>
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	er,
				7 3
	CT Corporation System			ငှာ
Name:				1.5
Office Address:	1200 South Pine Island Road			c,
3	Plantation		33324	
	(City)		, Florida(Zin 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 significe)

Nichol McCroy, Assistant Secretary

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	Name: Laurence Barr	□Manager	Name: Wayne Joseph
□Member	Address:	□Member	Address: 3401 Olympus Blvd.
Authorized	Suite 450	≅ Authorized	Suite 450
Person	Dallas, TX 75019	Person	Dallas, TX 75019
Other	□Other	☐Other	□ Other
□Manager	Name:	□Manager	Name:
□Member	Address: 3401 Olympus Blvd.	□Member	Address:
■ Authorized	Suite 450	□Authorized	<u> </u>
Person	Dallas, TX 75019	Person	
Other	□ Other	□Other	□Other
			F-2 F-3
□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. 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.

Dan Shew
Signature of an authorized person.
Dan Shear
Typed or printed name of signos



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NONN'S FLOORING, LLC" IS DULY FORMED

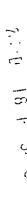
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NONN'S FLOORING, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 204348171

Date: 12-17-20

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