Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000072220 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 : (855)498-5500 Phone : (800) 432-3622 Fax Number

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 SWANSON FIRE PROTECTION, LLC

PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 2/22/21

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

COVER LETTER

SUBJECT: S	Swanson Fire Protec		nited Liability C	'omnany		
			_	-		
The enclosed "Existence, and	'Application by Foreign Li check are submitted to reg	mited Liability Company gister the above reference	y for Authorizat ed foreign limit	tion to Transact ed liability com	Business in Florida," pany to transact busir	Certificate of ness in Florida.
Please return a	ill correspondence concern	ing this matter to the foll	lowing:			
		Name	of Person			•
	Capitol Services	- Corporate Filings	Team			-
		Firm/	/Сотралу			
	515 East Park Av	venue 2nd Fl				
	-	Α	Address			
	Tallahassee, FL	32301				_
		City/State	e and Zip Code			3
	mdenegre@baym	ark.com				-
	E-ma	ul address: (to be used fo	or future annual	report notificat	ion)	
For further inf	formation concerning this r	natter, please call:				•
			at (855	, 498 - 550	00	~
	Name of Cont		Area Code	Daytime	Telephone Number	•
Divis	LING ADDRESS: sion of Corporations			STREET AD Division of Co Registration Se	orporations	
	stration Section Box 6327			Clifton Buildin		
Talla	hassec, FL 32314			2661 Executiv Tallahassee, F	e Center Circle L 32301	
Enclo Pleas	osed is a check for the follose make check payable to:	owing amount: FLORIDA DEPARTM	ENT OF STA	TE		
]s	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A PORFICIN LIMITED LIMITATY COMPANYTOTRANSACTIBUSINESS INTHE STATE OF FLORIDA

1. Swanson Fire Pro (Name of Foreign	otection, LLC Timited Liability Company; must include "Limited Li	क्रीत	y Company," "L.L.C.," or "I.I.C.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Florida.	The e	Remate name must include "Limited Liability Company," "L.I	.C." or "LLC.")
2. Texas (Jurisdiction under the law of w	tileb foreign limited liability company is organized)	3.	(FEI number, if applicable)	
4. January 26, 2021	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, P.S. to determine p			
5. 233 E. Bay Stree	et, Ste. 1101	_	233 E. Bay Street, Ste 1101 (Multing Address)	
Jacksonville, Flo	rida 32202		Jacksonville, Florida 32202	
7. Name and street addre	ss of Florida registered agent: (P.O. Box N	OT	acceptable)	
Name:	Capitol Corporate Services, Inc.			
Office Address:	515 East Park Avenue 2nd FI			
	Tallahassee (City)		, Florida 32301 (//ip code)	
designated in this applies to comply with the provis	otance: egistered agent and to accept service of pro- ntion, I hereby accept the appointment as re- ntions of all statutes relative to the proper an as of my position as registered agent.	egist	ered agent and agree to act in this capacit	y. I further agree m familiar with
	-		Mista Abail, Asst. Secietal	, on condi

(Registered agent's signature)

.

of Capitol Corporate Services, Inc.

8.	For initial indexing purposes,	list names, titl	le or capacity and	addresses of th	ne primary	members/managers	or persons a	uthorized to
ma	nage [up to six (6) total]:							

Manager Name:	Title or Capacity:	Name and Address:	Title or Capacity:	<u> </u>	Name and Address:
Authorized Jacksonville, Florida 32202 Authorized Person Person Other Ot	⊠Manager	Name: John Swanson	Manager Manager	Name:	
Person Person Other	Member	Address: 233 E. Bay Street, Ste. 1101	☐ Member	Address:	
Other	Authorized	Jacksonville, Florida 32202	Authorized		
Manager Name:	Person		Person		<u> </u>
Member Address:	Other	Other	Other		Other
Authorized	■Manager	Name:	Manager	Name:	
Person	Member	Address:	Member	Address:	
Other Other Other Manager Name:	Authorized		Authorized		
Manager Name:	Person		Person		
Manager Name:	Other	Other	Other		Other
Member Address: Member Address: Authorized Person					
Person Person	Manager	Name:	Manager Manager	Name:	
Person Person	Member	Address:	Member	Address:	
	Authorized		☐ Authorized		<u> </u>
OtherOtherOtherOther	Person		Person		
	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.

Auf &		
	Signature of an authorized person	
	John Swanson, Manager	
	Typed or printed name of tignee	

Taylor Seay 8004323622

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Swanson Fire Protection, LLC (file number 803917672), a Domestic Limited Liability Company (LLC), was filed in this office on January 26, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on February 12, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1028004850003