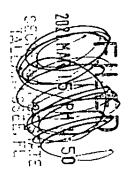
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK. JP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certificates of Status
Special Instructions to Filing Officer
<u> </u>





400361999544









F: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 0	3/16/2021			
	Merritt Walker			
	1340536			
		MERCIAL SERVICES, LLC		
✓ Articles	of Incorporation/Authorization	on to Transact Business		
☐ Amendr	ment	(F)	202	
☐ Change	e of Agent	ACT CTIT	2021 HAR	927
Reinsta	tement	5년 32	9	<u> </u>
Convers	sion	CHS.	PH 4:	
☐ Merger		四层	5	
☐ Dissolut	tion/Withdrawal			
Fictitiou	s Name			
Other				
Authorized Am	ount: \$125			
Signature:	Mul			

P: +852.2682.9633

COVER LETTER

 $\mathbf{r} = \{\mathbf{r}_{i}, \mathbf{r}_{i}, \dots, \mathbf{r}_{i}\}$

TO:

TO:	Registration Section Division of Corporations			
SUBJI	ARMSTRONG COMMERCIAL SERVICES, LLC			
Name of Limited Liability Company				
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, 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:			
	Chuck Hamlett			
	Name of Person			
	ARMSTRONG COMMERCIAL SERVICES, LLC			
	Firm/Company			
	3927 Winchester Road 🥴 ≿			
	Address 200 20 20 20 20 20 20 20 20 20 20 20 20			
	Memphis, TN 38118			
	City/State and Zip Code			
	chamlett@goarmstrong.com E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\sum_{\text{S125.00}} \text{Filing Fee} \sum_{\text{S130.00}} \text{Filing Fee & } \sum_{\text{S155.00}} \text{Filing Fee & } \sum_{\text{S155.00}} \text{S160.00 Filing Fee, Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}			

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

'N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO	REIGN LIMITED LIAB	<i>III.ITY</i>
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		

(Name of Foreign	ARMSTRONG COMMERCI Limited Liability Company; must include "Limited Li	
me unavadable, 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,")
	Delaware	2
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3. (FEI number, if applicable)
	(Date first transacted business in Florida, if prior to regis (See sections 605 0904 & 605,0905, F.S. to determine p	tration
3927 Win	chester Road	∠ 3927 Winchester Road
(Street Address of		6. (Maihing Address)
Mem	phis, TN	Memphis, TN
38118		38118
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box <u>N</u> o	OT acceptable)
Name:	COGENCY GLOBAL	INC.
Office Address:	115 North Calhoun St. S	Suite 4
	Tallahassee	Florida <u>32301</u>
ignated in this application on the provision of the provi	egistered agent and to accept service of proc ttion, I hereby accept the appointment as re	vess for the above stated limited liability company at the pla gistered agent and agree to act in this capacity. I further a d complete performance of my duties, and I am familiar w

(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: Name and Address: M. Todd Watson Evelyn I. Springer Manager Name: Manager Name: Address: _3927 Winchester Road Address: 3927 Winchester Road **×**Member × Member Memphis, TN 38118 Memphis, TN 38118 Authorized Authorized Person Person Other_ Other____ Other_ Other____ Robert Parks Charles Hamlett Manager Manager Name: Address: _3927 Winchester Road Member Member Memphis, TN 38118 Memphis, TN 381/18 X Authorized ★ Authorized Person Person Other_ Other Other ■Manager 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. Signature of an authorized person Charles Hamlett, Secretary

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARMSTRONG COMMERCIAL SERVICES, 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

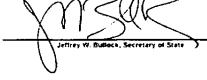
OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARMSTRONG

COMMERCIAL SERVICES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE,

A.D. 2017.

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



Authentication: 202733832

Date: 03-15-21

6444971 8300
SR# 20210912838
You may verify this certificate online at corp.delaware.gov/authver.shtml