## 8W200016M

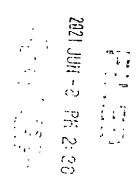
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6/19/21

то:	Registration Section Division of Corporations	÷
SUBJI	CCT: America Uniting,	LLC Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Cor ice, and check are submitted to register the above refe	mpany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to th	ne following:
	Terry Smit	Name of Person
	America Unition	
		Firm/Company
	612 West E	Street unit 2 = 6
	Elizabethton, City	Tennessee, 37643 Find 22 State and Zip Code
	E-mail address: (to be us	gmail com ed for future annual report notification)
For fur	ther information concerning this matter, please call:	
	Terry Snith Name of Contact Person	at ( 423 ) 297-1689  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 DEPAR  S125.00 Filing Fee  S130.00 Filing Fee &  Certificate of S	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

## 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 BUSI	NEXS IN THE STATE OF FLORIDA:				
1. America Name of Foreign Lie	Writing LLC mited Enability Company; must include "Limite	d Liability Company." "L	LL.C" or "LLC.")		-
(Tame or Cong.		,			
(If name unavailable, enter alternate nam	ic adopted for the purpose of transacting business in F	Torida. The afternate name mu	ist include "Limited Liability	Company," "L.L.C," or "	_ 1.L.C.")
7 1		0.7	-117166	< >	
2. Descharace (Jurisdiction under the law of whice	h foreign limited liability company is organized)	3. <u> </u>	(Fill number, if a	ipplicable)	-
				202	
4	(Date first transacted business in Florida, if prior to	Nunclestran )			l li
	(See sections 605.0904 & 605.0905, F.S. to determ	nine penalty liability)		干	स्काराम् <sup>क्ष</sup> स्टब्स्यास्य र्हे
5. 612 west	E Street with	6. 612	west E s	street un	43
(Street Address of Principal Office)	<b>_</b>	(Matling /	Address)		1
Elizabethto	n, tennessee	Eliz	abethton	Terress	يعع
			,	, ·, ·	
37643		3	7643		-
7 Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)			
7. Name and street address v	or i torida regimered agent. (1.0. 150.	<u>rror</u> uccephanne)			
	S. ~ < :H				
Name: _	Ma Swith	<del></del>			
Office Address: _	12977 S. Hwy	475_			
-	Ocala (Civ)	, Flor	rida <u>34486</u>	_	
	·		(sap esine)		
Registered agent's accepta Having been named as regi.	stered agent and to accept service of	process for the abov	e stated limited liabi	ility company at th	e place
designated in this application to comply with the provision	on, I hereby accept the appointment a ns of all statutes relative to the proper	is registered agent ai r and complete perfo	nd agree to act in th ormance of my dutie:	is capacity. I furt s, and I am famili	her agree ar with
	of my position as registered agent.				
	m m	H			
_	(Registered agent's	signature)		<u></u>	

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: Jerry Smith	□Manager	Name:
Member	Address: 612 West Estreet	□Member	Address:
□Authorized	Unit 2	□Authorized	
Person	Etizabethon, Tennessee, 376	13 Person	
Other	Other	Other	[]Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	<del></del>
Person		Person	-0 !:t
Other	□Other	Other	Other?
			, (S
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice:</u> 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.





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

DELAWARE, DO HEREBY CERTIFY THAT "AMERICA UNITING, LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF MAY, A.D. 2019, AT 9:43 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICA"
UNITING, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2019.

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

Authentication: 203224217

Date: 05-17-21