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(Requestor's Name)

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(City/State/Zip/Phone #)

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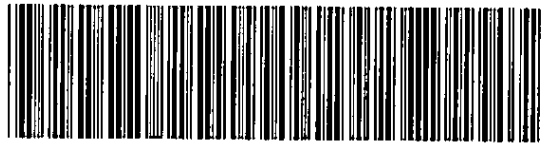
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE

7/10/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Onasis Construction and Home Improvement, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Paula Herron  
Name of Person

Onasis Contruction and Home Improvements, LLC  
Firm/Company

4029 Andover Cay Blvd  
Address

Orlando, FL 32825  
City/State and Zip Code

BradleyPaula43@gamil.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Herron                      901                      568-7621  
Name of Contact Person                      at (                      )                      Area Code                      Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☒ \$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:*

1. Onasis Contruction and Home Improvement, LLLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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.")

2. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2006199

(FEI number, if applicable)

4. September 15, 2021

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4029 Andover Cay Blvd

(Street Address of Principal Office)

6. Same

(Mailing Address)

Orlando, FL 32825

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Paula Herron

Office Address:

4029 Andover Cay Blvd

Orlando

(City)

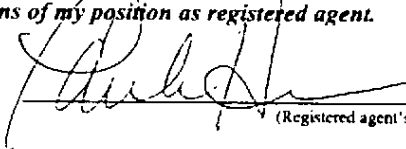
, Florida

32825

(Zip 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 signature)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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:**

☐ Manager

Name: Paula Herron

☒ Member

Address: \_\_\_\_\_

☐ Authorized

4029 Andover Cay Blvd

Person

Orlando, FL 32825

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

**Title or Capacity:**

**Name and Address:**

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

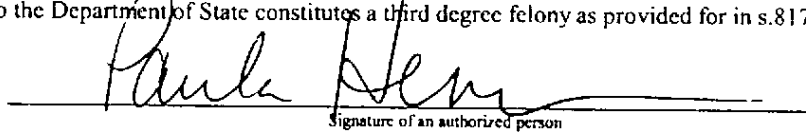
☐ Other

☐ 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.

  
Signature of an authorized person

Paula Herron

Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

**PAULA HERRON**  
4029 ANDOVER CAY BLVD  
ORLANDO, FL 32825

July 28, 2021

**Request Type: Certificate of Existence/Authorization**  
Request #: 0428784

Issuance Date: 07/28/2021  
Copies Requested: 1

**Document Receipt**

Receipt #: 006534862 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3811274443 \$20.00

**Regarding: Onasis Construction & Home Improvement LLC**  
Filing Type: Limited Liability Company - Domestic Control #: 1033060  
Formation/Qualification Date: 06/14/2019 Date Formed: 06/14/2019  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Onasis Construction & Home Improvement LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 047709231



STATE OF TENNESSEE  
DEPARTMENT OF REVENUE

**Letter of Tax Clearance**

July 28, 2021

ONASIS CONSTRUCTION & HOME  
IMPROVEMENT LLC  
1707 BELLEVUE GROVE CV  
CORDOVA, TN 38016-4801

Account Type: Franchise/Excise Tax  
SOS Control Number: 001033060  
TNTAP Submission ID: 1890433920  
Clearance Type: Confirmation of  
Good Standing

The Tennessee Department of Revenue has received and processed your request for tax clearance for the account indicated above. This is to certify that the taxpayer has filed all applicable reports and paid fees, penalties, and taxes as state law requires.

If you have a Tennessee charter or certificate of authority, this letter, along with the appropriate reports, forms, and fees, must be submitted to the following address:

Office of the Secretary of State  
312 Rosa L. Parks Ave. - 6th Floor  
Nashville, TN 37243

Letters of tax clearance are invalid 45 days after the date of the letter. Taxpayers who do not complete termination or withdrawal requirements with the Secretary of State will continue to be subject to the franchise and excise taxes. For additional information regarding your Tennessee charter or certificate of authority, please contact the Tennessee Secretary of State Division of Business Services at 615-741-2286.