

M21000010311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

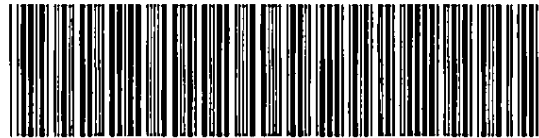
(Document Number)

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2021 APR -9 PM 4:17

APR 9 2021

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SuperHero Fire Protection, 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:

Alyssa Green

\_\_\_\_\_  
Name of Person

SuperHero Fire Protection, LLC

\_\_\_\_\_  
Firm/Company

1615 Lakes Pkwy. Ste. K

\_\_\_\_\_  
Address

Lawrenceville, GA 30043

\_\_\_\_\_  
City/State and Zip Code

alyssa@superherofire.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Green

678

804-6111

\_\_\_\_\_  
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

# SUPERHERO FIRE PROTECTION

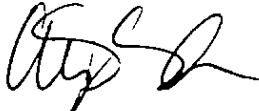
May 5, 2021

RE: Florida Business License

To whom this may concern,

I am needing to dissolve our current license L20000115071 due to being filed incorrectly. We are not a Florida LLC Company, but a Foreign LLC located in Georgia. I have included the Notice of Dissolution and the new application for Foreign LLC as well as they payment for both. We have no intentions of revoking the dissolution, and now release the name to be filed. If you have any questions, I can be reached at [alyssa@superherofire.com](mailto:alyssa@superherofire.com) or 678-804-6111.

Thank you,

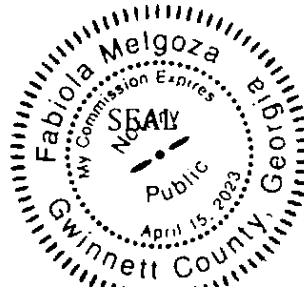


Alyssa Green

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## Notary Public Acknowledgement

State of Georgia  
County of Gwinnett



I hereby certify that Alyssa Green (Name) appeared before me on this 5th day of May, 2021 and signed this form in my presence.

  
Notary Public Signature

4-15-2023  
My Commission Expires (Date)

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. SuperHero Fire Protection, LLC  
(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. GA 46-1224295  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

3/30/2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

1615 Lakes Pkwy. Ste. K  
(Street Address of Principal Office) (Mailing Address)

Lawrenceville, GA 30043

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee 32301  
(City) , Florida (Zip code)

2021 AUG -9 PM 4:18

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.



Adam Saldana, Asst. Secretary

(Registered agent's signature)

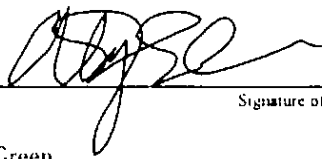
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Donald Mackey</u>	<input type="checkbox"/> Manager	Name: <u>Dustin Dean</u>
<input checked="" type="checkbox"/> Member	Address: <u>1615 Lakes Pkwy, Ste. K</u>	<input checked="" type="checkbox"/> Member	Address: <u>1615 Lakes Pkwy, Ste. K</u>
<input type="checkbox"/> Authorized	<u>Lawrenceville, GA 30043</u>	<input type="checkbox"/> Authorized	<u>Lawrenceville, GA 30043</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Joshua Stephens</u>	<input type="checkbox"/> Manager	Name: <u>Alyssa Green</u>
<input checked="" type="checkbox"/> Member	Address: <u>1615 Lakes Pkwy, Ste. K</u>	<input type="checkbox"/> Member	Address: <u>1615 Lakes Pkwy, Ste. K</u>
<input type="checkbox"/> Authorized	<u>Lawrenceville, GA 30043</u>	<input checked="" type="checkbox"/> Authorized	<u>Lawrenceville, GA 30043</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Fabiola Melgoza</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1615 Lakes Pkwy, Ste. K</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Lawrenceville, GA 30043</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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  
  
Alyssa Green  
\_\_\_\_\_  
Typed or printed name of signee

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **SUPERHERO FIRE PROTECTION, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21765979  
Date Inc/Auth/Filed: 10/10/2012  
Jurisdiction : Georgia  
Print Date : 08/09/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State