M21000011529

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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08/10/21--01033--014 **130.00



August 13, 2021

THOMAS CHAD HOWARD 1562 CALAMUS POND RD SUMMERVILLE, SC 29486

SUBJECT: PALMETTO STATE SIGN INSTALLATION LLC

Ref. Number: W21000112321

We have received your document for PALMETTO STATE SIGN INSTALLATION LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 721A00019403

Suzanne Hawkes Regulatory II

www.sunbiz.org

COVER LETTER

TO:

то:	Registration Section Division of Corporations							
SUBJEC	Palmetto State Sign Installation	LLC						
SUBJEV	Name of Limited Liability Company							
				ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.				
Please re	eturn all correspondence concerning this ma	itter to the fo	ollowing:					
	Thomas Chad Howard							
	Name of Person							
	Palmetto State Sign Installa							
		Fin	n/Company					
	1562 Calamus Pond Rd							
		Address						
	Summerville SC 29486							
		· ·	te and Zip Code	. 				
	Chad.installs@palmettostate							
	E-mail address: (to be used for future annual report notification)							
For furth	er information concerning this matter, plea	se call:						
	Melissa Smith		843 at (419 8070				
	Name of Contact Person		Area Code	Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Enclosed is a check for the following amount Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Fee Certification	DEPARTM	\$155.00	Filing Fee & \$160.00 Filing Fee, Certificate ed Copy 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:

Palmetto State Sign		_			_	
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liabilit	y Company," "L L.C.," or "LI.C.")			
115	ame adopted for the purpose of transacting business in Fl	orido. The e	ramete name must include "Limited Liability	Comment " " I C " or " I I	- C ")	
		Orium. The a		Company, Line, or the	C.)	
LLC South CarolinaForeign LLC Florida 2. (Jurisdiction under the law of which foreign limited hability company is organized)		3.	46-2935102 3. (FEI number, (Fapplicable)			
			(PEI number, if	(FEI number, if applicable)		
4						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration nine penalty	.) hability)			
	Palmetto State Sign Installation (Street Address of Principal Office)		Palmetto State Sign Insta	gn Installation		
(Street Address of F			(Mading Address)		=	
1562 Calamus Por	nd Rd		1562 Calamus Pond Rd		_	
Summerville South Carolina 29486			Summerville South Carolina 29486			
	s of Florida registered agent: (P.O. Bo: Registered Agents Inc.	x <u>NOT</u> :	acceptable)	2021 AUG 31 SECRETARY	2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M	
Name: Office Address:	7901 4th St N STE 300			PH 3:	Ü	
	St. Petersburg		33702 , Florida	FATE 58		
	(City)		(Zip code)			
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the propel s of my position as registered agent.	as registi	ered agent and agree to act in t	his capacity. I furt	her agre	
	(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: Name: Thomas Howard Name: Melissa Smith ☐ Manager ✓ Manager Address: _____ Address: 131 egret In ✓ Member Member Summerville SC 29485 Goose Creek SC 29445 Authorized Authorized Person Person Other_ Other Other Other___ Manager Manager Manager Name: _____ Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other____ Other____ Other___ Name: Manager Name: Manager 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. Thomas C. Howard
Signature of an authorized person Thomas Chad Howard

Typed or printed name of signee

Florida Department of State:

I Thomas Chad Howard am the sole owner of Palmetto State Sign Installation LLC. This company is in South Carolina. We are doing business in Florida at the Convention Center and we were told we needed to register in the State of Florida as an LLC, however once I had registered and paid the fee of \$160 I was told we filed incorrectly as we were supposed to file as a Foreign LLC. That same day I paid the \$25 to withdraw/dissolve that LLC registration.

I am the dissolved business entity and I am releasing the name of this business for use on a Foreign LLC.

I give permission to release the entity listed above for use. As I am that dissolved business entity that is now applying for the Foreign LLC using the entity Palmetto State Sign Installation LLC.

8/20/21

Thank you. If you have any questions I can be reached at 843 614 9242

Receipt Number: 3811230149

Thomas ClOU

Transaction Date/Time: 07/28/2021 09:15 AM Card Number: XXXX XXXX XXXX 5592

Card Number: Card Type:

VI

Approval Code:

06288G

Payment Amount:

\$160.00

Tracking Number:

800370770078

Document Number:

NEW

Receipt Number:

3811251643

Transaction Date/Time: 07/28/2021 01:12 PM Card Number: XXXX XXXX 5592

Card Type:

VI

Approval Code:

06535G

Payment Amount: Tracking Number: \$25.00

Document Number:

600370789816 L21000341276

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

PALMETTO STATE SIGN INSTALLATION LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 8th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of July, 2021.

Mark Hammond, Secretary of State