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Florida Department of State
Division of Corporations
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From:

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**Foreign Limited Liability Company
BUTLER FLORIDA, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

Butler Florida, LLC
SUBJECT: _____

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:

James O. Birr, III, Esq.

Name of Person

Jimmerson Birr, P.A.

Firm/Company

One Independent Drive, Suite 1400

Address

Jacksonville, FL 32202

City/State and Zip Code

LaurenRamsey@brockbuilt.com

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

For further information concerning this matter, please call:

Name of Contact Person	at (Area Code	Daytime Telephone Number
Samantha Braswell	904	389-0050	
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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate
of Status Certified Copy of Status & Certified Copy

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**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 TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Butler Florida, 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. Georgia 3. 87-2107238
(Jurisdiction under the law of which foreign limited liability company is organized) (PEI number, if applicable)

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

5. _____ 6. _____

- Atlanta, GA 30339

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

Jimerson Birr, P.A.

One Independent Drive, Suite 1400

Jacksonville, Florida 32202
(City) (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.

~~Keiniges über die Mutter~~

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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: Steve Brock	<input type="checkbox"/> Manager	Name: Michael Schweninger
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE
<input type="checkbox"/> Authorized Person	Suite 400 Atlanta, GA 30339	<input checked="" type="checkbox"/> Authorized Person	Suite 400 Atlanta, GA 30339
<input checked="" type="checkbox"/> Other	MGR Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Adam Brock	<input type="checkbox"/> Manager	Name: Jeff Brock
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE
<input checked="" type="checkbox"/> Authorized Person	Suite 400 Atlanta, GA 30339	<input checked="" type="checkbox"/> Authorized Person	Suite 400 Atlanta, GA 30339
<input type="checkbox"/> Other	Other _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Nick Fender	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 280 Interstate North Circle SE	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 400 Atlanta, GA 30339	<input type="checkbox"/> Authorized Person	Person _____
<input type="checkbox"/> Other	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 the authorized person

michael Schweninger

Typed or printed name of signee

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Control Number : 21214395**STATE OF GEORGIA****Secretary of State**

Corporations Division

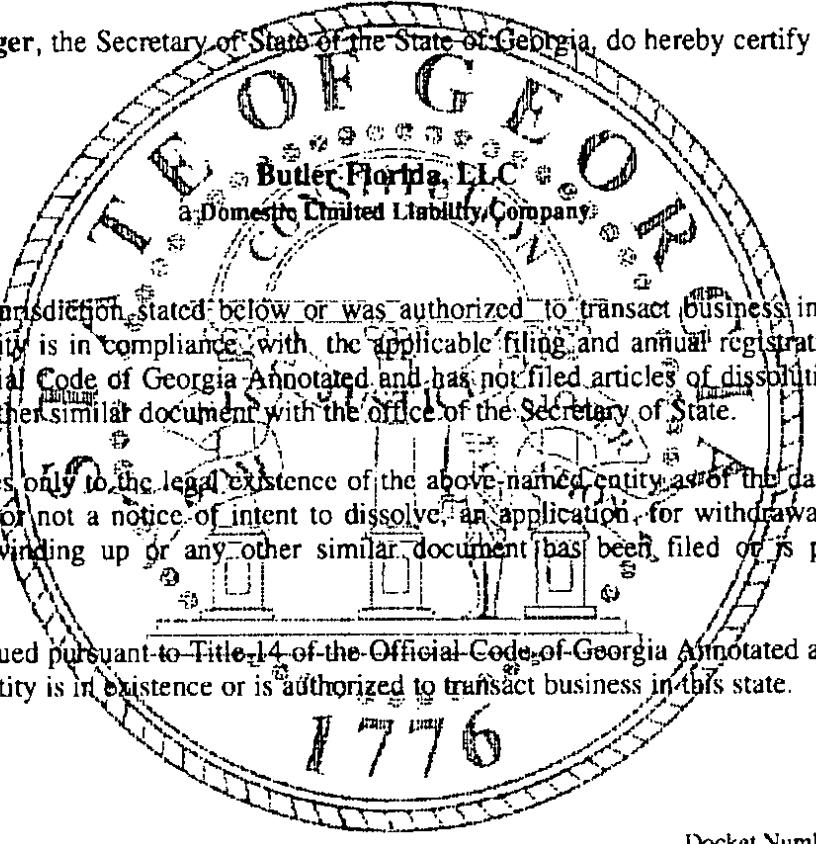
313 West Tower

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



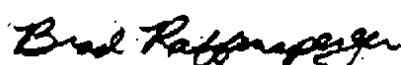
Butler Florida, LLC
a Domestic Limited Liability Company

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 : 22116553
Date Inc/Auth/Filed: 08/09/2021
Jurisdiction : Georgia
Print Date : 12/10/2021
Form Number : 211



Brad Raffensperger
Secretary of State