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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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Email Address: _____

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

PLEASE give original submission date as file date (12/13/21)

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Butler Florida, 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:

James O. Birt, III, Esq.

Name of Person

Jimerson Bill, 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:

Samantha Braswell

904

389-0050

at (_____)

Name of Contact Person

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

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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 TRANSACT 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) (FEI 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. 280 Interstate North Circle SE, Ste 400 6. 280 Interstate North Circle SE, Ste 400
(Street Address of Principal Office) (Mailing Address)

Atlanta, GA 30339 Atlanta, GA 30339

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

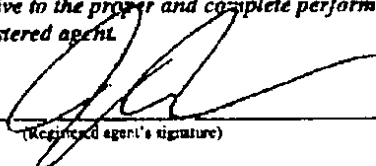
Name: Jimerson Birt, P.A.

Office Address: One Independent Drive, Suite 1400

Jacksonville 32202
(City) , Florida (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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2021 DEC 13 PM 2:56
CLERK OF STATE
TALLAHASSEE, FL

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

Michael Schweringer

 Typed or printed name of signer

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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*

Brad Raffensperger
Secretary of State

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