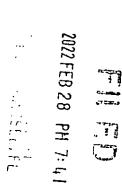
# M22000003150

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
W22000	014902		

Office Use Only



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8. FRANKLIN MAR 0 1 2022



#### COVER LETTER

	tration Section · on of Corporations	
SUBJECT: _	Elite Windo Name of	WS LE DOORS, LLC Limited Lightlity Company
		npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida
Please return al	l correspondence concerning this matter to th	e following:
	Michael ;	Hamby Same of Person
	Elile Windo	ows and Doors, LLC
	203 Oxford	1 Way Address 28
	Foley, AL	State and Zip Code  Line @ amail.com  = 1
	1	Ine @ amail com  Ed for future annual report notification)
For further info	rmation concerning this matter, please call:	
	Paul Ewing Name of Contact Person	at ( <u>351</u> ) <u>454-477/</u> Area Code Daytime Telephone Number
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	red is a check for the following amount: make check payable to: FLORIDA DEPAR 25.00 Filing Fee  \$\square\$ \$\$\square\$\$ \$\$\square\$\$ \$\$\square\$\$ Certificate of \$\$\$\$\$\$	☐ \$155.00 Filing Fee & 🂢 \$160.00 Filing Fee, Certificate

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE [Name of Foreign Limit	INTHE STATE OF FL.	.ORID:t:					
Michae If name unavailable, enter alternate name a	Hamby	Construc	tion, LLC	lude "Limited Liability ("a	mnany.""L.L.C."	 or "ELC.")	
	Ad Dana  Jeeign limited liability company						
4	(Date first transacted business ( (See sections 605.0904 & 605.	in Florida, if prior to regist 0905, F.S. to determine pe	ration.) nalty liability)				
5. 203 Oxfo	of way	_	6. Zo Z	Deford	way	2	
(Street Address of Principal Office)  Folly, AL		_	6. ZO (Mailing Addre	,,AL 3	WS 35	12022 FEB 28 P	- 4 T
7. Name and street address of	Florida registered ag	ent: (P.O. Box <u>N</u> e	OT acceptable)		SEC. FL	PH 7: 41	
Name:	Jeff	Stone					
Office Address:			Turn Driv				
_	Pacc	(City)	, Florida	3257,	/		
Registered agent's acceptant Having been named as regist designated in this application to comply with the provisions and accept the obligations of	ered agent and to acc i, I hereby accept the s of all statutes relativ	appointment as re e to the proper an	voistered avent and i	ggree to act in this	сирисиз- г ј	MILLION P	grue
_	Jeft	(Registered agent's sign	ature)				

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:
Manager	Name: Michael Hamby	Manager	Name: Paul Ewing
□Member	Address: 203 Deford way	□Member	Address: 830 Willow Pointe Drive
□Authorized	Foley, 11 36535	□Authorized	Mobile, AL 36695
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	7022
Person		Person	(
□Other	Other	□Other	
			Name:
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person -	<u>-</u>
□Other	□Other	□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

Nichael Hamby

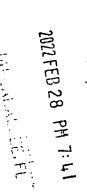
Typed or printed name plisience

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that ELITE WINDOWS & DOORS LLC was formed in Alabama, Alabama on November 2, 2021. The Alabama Entity Identification number for this entity is 000-950721. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20220223000021352

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/23/2022

Date

X 74. Marill

John H. Merrill

Secretary of State



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2022

MICHAEL HARDY 203 OXFORD WAY FOLEY, AL 36535 US

SUBJECT: ELITE WINDOWS AND DOORS, LLC

Ref. Number: W22000014502

We have received your document for ELITE WINDOWS AND DOORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin Regulatory Specialist II

Letter Number: 622A00003138

FEB 2 8 2022