

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corp	norations	<u> </u>	2
	Fax Number :		Ç	
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From:				r.
	Account Name	: INCORP SERVICES INC	ŧ	
	Account Number	120120000007		
		: (702)866-2500		
	Fax Number	: (702)900-2290		
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2022 APR-1 FH 1:24

Foreign Limited Liability Company Elmington Construction, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

S. ROBERTS

Electronic Filing Menu

Corporate Filing Menu

Help

APR - 1 2022

COVER LETTER

SUBJECT:	Elmington Construction, LLC				
30002017	Name of Limited Liability Company				
The enclosed Existence, and	'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o I check are submitted to register the above referenced foreign limited liability company to transact business in Florid				
Please return	all correspondence concerning this matter to the following:				
	Courtney Wehrman				
	Name of Person				
	InCorp Services, Inc.				
	Firm/Company				
	3773 Howard Hughes Pkwy. · Suite 500S				
	Address				
	Las Vegas, NV 89169-6014				
	City/State and Zip Code				
	documents@incorp.com				
	E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please call:				
Courtney Wel	rman on behalf of InCorp Services, Inc. at 800-246-2677				
	Name of Contact Person Area Code Daytime Telephone Number				
Rep Div P.C	Street Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303				
Ple	losed is a check for the following amount: use make check payable to: FLORIDA DEPARTMENT OF STATE 125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee} & \Bigsim \text{\$155.00 Filing Fee} & \Bigsim \text{\$160.00 Filing Fee, Certificate} \text{Certificate of Status} & Certified Copy of Status & Certified Copy				

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

, Elmington Construc	tion, LLC						
(Name of Foreign 1	imited Liability Company; must include "Limited	Liebility	Company,""L.L.C.," or	"LLC.")			
(If name unavailable, enter alternate to	me adopted for the purpose of transporting business in FK	orlda. The	alternate name must include	"Limited Lizbitiny Con	apany," "L.L.C	; or "LLC	"}
2. Tennessee		3. 36-4844037 (PEI number, if applicable)					
(Jurisdiction under the law of wh	sch foreign limited liability company is organized)			fa the manufact or with the			
₄ Upon Registration							
4. Opon Registration	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration	n.) Jubitiy)				
	•			outh Suite 20	00		
S. 118 16th Ave South, (Street Address of Principal Office)	Suite 200	6.	118 16th Ave S				

Nashville, TN 3720	3		Nashville, TN 3	/203			
					Ç.,	2022	
					<u> </u>	-23	
					 	. P	(-)
7. Name and street address	s of Florida registered agent: (P.O. Box	TOM:	acceptable))> [11]	APR -	* 2744
					(7) (7)	_	i
Name:	InCorp Services, Inc.				100 t		! -
		-			Ω,	بو	ή
Office Address:	17888 67th Court North				ان د ایل	52	
					- 1	. •	
	Loxahatchee		, Florida	3470			
	(City)			(Zip code)			

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.

Isabel Burgos on behalf of Incorp Services, Inc.
(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:		
☐Manager	Name: Cary Andrew Rosenblum	□Manager	Name: Benjamin McAdoo Brewer		
Member	Address:	■ Member	Address:		
□Authorized	714 Woodleigh Drive	☐ Authorized	4941 Brierwood Drive		
Person	Nashville, TN 37215	Person	Nashville, TN 37211		
Other	□Other	Other	Orher		
□Manager	Name: Ryan C. Seibels	□Manager	Name: Clayton Hunter Nelson		
■Member	Address:	™ Member	Address:		
□Authorized	4317 Lealand Lane	□Authorized	1856 Shamrock Drive		
Person	Nashville, TN 37204	Person	Brentwood, TN 37027		
Other	Other		□Other		
□Manag e r	Name: Scott T. Sohr	□Manager	Name: William Cochrane Jamison		
■ Member	Address:	■Member	Address		
□Authorized	645 Grassmere Park Drive	□Authorized	4019 Westlawn Drive		
Person	Nashville, TN 37211	Person	Neshville, TN 37209		
□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 Plorida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duty 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 saverificative discrete person

William Cochrane Jamison

Typed or printed name of signace



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Tre Hargett Secretary of State

INCORP SERVICES, INC.

SUITE 500S

3773 HOWARD HUGHES PKWY

LAS VEGAS, NV 89169

Request Type: Certificate of Existence/Authorization

Request #:

0468708

Issuance Date: 03/31/2022

Copies Requested:

March 31, 2022

Document Receipt

Receipt #: 007117644

Filing Fee:

\$20,00

Payment-Credit Card - State Payment Center - CC #: 3826400489

\$20.00

Regarding:

Elmington Construction, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/09/2016

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

860931

Date Formed: 08/09/2016 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Elmington Construction, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 052819323