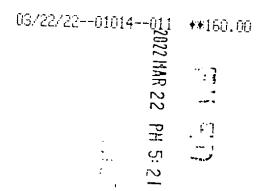
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S. FRANKLIN APR 0 9 2022

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Buckley Heating & ACLLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flo Existence, and check are submitted to register the above referenced foreign limited liability company to transact	orida," Cert t business i	tificate of in Florida.
Please return all correspondence concerning this matter to the following:		
Keri Buckley Name of Person		
Buckley Heating & Ac LLC Firm/Company		
1194 Sardis Rd. Address		
Hazlehurst MS 39083 City/State and Zip Code	2022 1158	
Keri Chuckleyhvac. net E-mail address: (to be used for future annual report notification)	22 PH	1 - 6
For further information concerning this matter, please call:	. ភ	2.2-7
Meri Buckley at (401) 832-4970 Name of Contact Person Area Code Daytime Telephone Num	ber	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\subseteq}\$\$ \$125.00 Filing Fee \$\Boxed{\subseteq}\$\$\$ \$\$130.00 Filing Fee \$\Boxed{\subseteq}\$\$\$ \$\$155.00 Filing Fee \$\Boxed{\subseteq}\$\$\$\$\$\$\$\$\$ \$\$\$S160.00 Filing Fee \$	g Fee, Certi & Certified	

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

V COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILI OMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	'Y
Buckley Heating & AC LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "L.L.C.,"	
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.")	
(Jurisdiction under the law of which foreign limited limbility company is organized) 3. 26-1251073 (FEI number, if applicable)	
Have not transacted business in Florida in the past or present (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
1196 Sardis Rd. (Street Address of Principal Office) 6. 1196 Sardis Rd. & (Mailing Address) - Rd. Hazlehurst, MS 39083 Hazlehurst, MS 39083	
Hazlehurst, MS 39083: Hazlehurst, MS 3,083:	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Northwest Registered Agent LLC	
Office Address: 7901 4th St N STE 30.0	
St. Petersburg, Florida 33702 (Zip code)	
legistered agent's acceptance: Iaving 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

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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: Keri Buckley	□Manager	Name:	
☑Member	Address: 1196 Sarchis Rd.	□Member	Address:	
□Authorized	Haziehurst, MS 39083	□Authorized	<u></u>	
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: Russell Chase Buckley	□Manager	Name:	
☑ Member	Address: 1190 Sardis Rd.	□Member	Address:	
□Authorized	Hazlehuist, Mr 39083	□Authorized		2
Person		Person		
Other	Other	Other	 	Other
				2 PH
□Manager	Name:	□Manager	Name:	لعدمه ال
□Member	Address:	□Member	Address:	F. 21
□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. 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

| Cri Buckley
| Typed or printed name of signee

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

BUCKLEY HEATING & AC LLC

Registered the 26th day of October, 2017

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1196 SARDIS ROAD HAZLEHURST, MS 39083

And that the registered agent at that address is:

RUSSELL C BUCKLEY

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 17th day of March, 2022

Michael Watson

Certificate Number: CN22134107

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

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