Maa0000064160

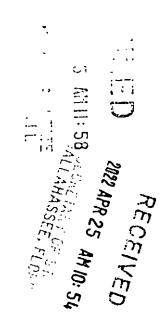
(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified CopiesC	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



700385797887

04/25/22--01001--012 **125.00





CORPORATE

When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	JP: <u>4/25 DANNY</u>
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	FOREIGN LLC
	BEST IN BUSINESS RETAIL (CORPORATE NAME AND DOCUMEN	
((CORPORATE NAME AND DOCUMEN	NT #)
	(CORPORATE NAME AND DOCUMEN	NT #)
	CORPORATE NAME AND DOCUMEN	NT #)
(CORPORATE NAME AND DOCUMEN	NT #)
	CORPORATE NAME AND DOCUMEN	NT III

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. Best In Business Retai						
(Name of Foreign	Limited Liability Company: must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")			
f name unavailable, enter atternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Li	ability Company,"	"L.L.C," or "I.	.LC.")
Georgia		3.	624433042			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J.	(FEI numb	er, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registratio iine penalty	n.) Hability)			
140 Flowers Drive		6.	140 Flowers Drive			
treet Address of Principal Office)		0,	(Mailing Address)			
Covington, GA 30016			Covington, GA 30016			
	-					
					~`	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT.	acceptable)	•		
Name:	Registered Agent Solutions, Inc.			į .	\mathcal{C}_1	, v .
Office Address:	155 Office Plaza Dr., Suite A			₹. 	Airi II:	
	Tallahassee		32301 , Florida		58	
	(City)		(Zip code)			
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	s regista	ered agent and agree to act is	n this capacit	v. I furth	er ae
	(Registered agent's	signature		aldana, Ass 	st. Secret	tary

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
☑Manager	Name: Nina Harrison, COO	ØManager	Name:
□Member	Address:		Address: 140 Flowers Drive
□Authorized	Covington , GA 30016		Covington, GA 30016
Person		Person	
Other	Other	Other	Other
□Manager	Name:		Name:
□Member	Address:	Member	Address:
□Authorized		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Person	-	Person	
Other	Other	Other	Other
□Manager	Name:		Name:
□Member	Address:		Address:
□Authorized		\Buthorized	
Person		Person	
Other	Other	Other	Other
indexed individuals 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	se an attachment to report more than six may be added to the index when filing yes ficate of existence, no more than 90 days to law of which it is organized. (If the cert be submitted) s executed in accordance with section 60 ment to the Department of State constitute.	our Florida Department of State s old, duly authenticated by the tificate is in a foreign language, 5.0203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in a translation of the certificate under
	Jormaine Harrison		

Typed or printed name of signee

Control Number: 17096936

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

> Best In Business Retail Remodeling 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.

. L. _____

Docket Number : 23138790 Date Inc/Auth/Filed: 09/01/2017 Jurisdiction : Georgia Print Date : 04/22/2022

Form Number : 211



Brad Raffenspay

Brad Raffensperger Secretary of State