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TO:

e enclosed "Application by Foreign Limited Liability stence, and check are submitted to register the above ase return all correspondence concerning this matter to Herb Troyer Trutek Framing Systems LLC 4001 Hwy 153 Greenville SC 29611 info@trutek-fs.com E-mail address: (to be	Name of Person Firm/Company Address City/State and Zip Code		
stence, and check are submitted to register the above ase return all correspondence concerning this matter to Herb Troyer Trutek Framing Systems LLC 4001 Hwy 153 Greenville SC 29611 Confo@trutek-fs.com E-mail address: (to be	referenced foreign limited liability company to transact business in Fl to the following: Name of Person Firm/Company Address City/State and Zip Code		
Trutek Framing Systems LLC 4001 Hwy 153 Greenville SC 29611 info@trutek-fs.com E-mail address: (to be	Name of Person Firm/Company Address City/State and Zip Code		
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	e used for future annual report notification)		
further information concerning this matter, please ca	all:		
Canaan Cropper	864 9992020		
Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	DADTMENT OF STATE		

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

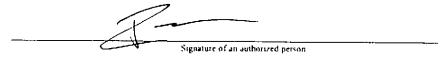
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TruTek Framing Systems LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") DBA TruTek Installation 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.I. C," or "L.I.C.") 81-1122580 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) n/a 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability) 4001 Hwy 153 same as street address (Street Address of Principal Office) (Mailing Address) Greenville SC 29611 =5 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 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 nin 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	<u> </u>	Name and Address:
Manager	Name: Canaan Cropper		Name:	
□Member	Address: 4001 hwy 153	□Member		
□Authorized	Greenville SC 29611	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
■Manager	Name: Cameron Wright	□Manager	Name:	
□Member	Address: 4001 Hwy 153	□Member		
□Authorized	Greenville SC 29611	□Authorized		
Person		Person		
Other	Othei	□Other		□Other
⊞ Manager	Name: Herb Troyer	□Manager	Name:	
□Member	Address: 4001 Hwy 153	□Member	Address:	
□Authorized	Greenville SC 29611	□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.



(11111) (22222

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

TruTek Framing Systems, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 12th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of July, 2022.

Mark Hammond, Secretary of State