M22000012374

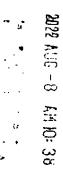
(Re	equestor's Name)		
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Namo	of Limited Liability Company			
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.			
Please return all	correspondence concerning this matter to	o the following:			
	Robert Rennier				
		Name of Person	-		
	Solutions in Carpentry LLC				
	Firm/Company				
	1575 Aviation Center Pkwy Suite 514				
		Address	- - <u>-</u> 202		
	Daytona Beach , FL 32114		ada vice		
	C	ity/State and Zip Code			
	solutionsincarpentry@gmail.com		œ		
	E-mail address: (to be	used for future annual report notification)	- · · · · · · · · · · · · · · · · · · ·		
For further infor	mation concerning this matter, please cal	I:	. 3a		
Tonya	Rennier	386 281-3811 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number	_		
	Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
ranan	assec, rt. 52514	Tallahassee, FL 32303			
Please	ed is a check for the following amount: make check payable to: FLORIDA DEF 5.00 Filing Fee	e & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee			

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida	a. The alternate name must include "Limited Liabilit	y Company," "L.L.C," o	or "LLC,")
Indiana		47-4292137 3.		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (Pti) number, if	applicable)	
4	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine p	stration)	_	
1575 Aviation Center		1575 Aviation Center Pkwy Su	ite 514	
5. (Street Address of Principal Office)		6. (Mailing Address)		
Daytona Beach , FL		Daytona Beach, FL		
32114		32114		
7. Name and street address	ss of Florida registered agent: (P.O. Box N	<u>OT</u> acceptable)	* *	2622
	Robert Rennier		,	8-30¥
Name:				
Name: Office Address:	1575 Aviation Center Pkwy Suite 514		-	250: 1350: 2500:
	1575 Aviation Center Pkwy Suite 514 Daytona Beach.	32114 , Florida		AIG XO: Sõ
				<u>چ</u>

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: Robert J Rennier	■Manager	Name: Tonya L Rennier	
□Member	Address:	□Member	Address:127 Rosalyn Ave	
□Authorized	Daytona Beach, FL 32118	□Authorized	Daytona Beach, FL 32118	
Person		Person		
□Other	Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	- 20	
Person		Person	◆ 3=	
Other	Other	□Other	• , • ,	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other	Other	
	_			

<u>Important Notice:</u> 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

Robert J. Rennie
Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SOLUTIONS IN CARPENTRY LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 17, 2015, and was in existence or authorized to transact business in the State of Indiana on August 03, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 03, 2022

eli Jullian

HOLLI SULLIVAN
SECRETARY OF STATE

2015061700282 / 20222705279

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on September 02, 2022.



July 28, 2022

ROBERT RENNIER SOLUTIONS IN CARPENTRY LLC 1575 AVIATION CENTER PKWY SUITE 514 DAYTONA BEACH, FL 32114

SUBJECT: SOLUTIONS IN CARPENTRY LLC

Ref. Number: W22000098777

We have received your document for SOLUTIONS IN CARPENTRY LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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

Mel Solomon Senior Section Administrator

Letter Number: 222A00016936

RECEIVED

www.sunbiz.org

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