

9/7/22, 12:36 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M2200003081913898**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : GREENBERG TRAUIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407)418-2435  
Fax Number : (407)420-5909

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Josh@lehmanpipe.com

**Foreign Limited Liability Company  
Lehman Pipe and Supply Fort Myers, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

APPROVED  
AND  
FILED  
2022 SEP - 7 AM 11:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2022 Sep - 7 1:36

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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. Lehman Pipe and Supply Fort Myers, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.L.C.," or "LLC.")

2. Delaware 3. 86-4064186  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.L. number, if applicable)

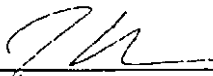
4. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16251 Parallel Drive 6. SAME  
(Street Address of Principal Office) (Mailing Address)  
Fort Myers, FL 33913

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joshua Abernman  
Office Address: 16251 Parallel Drive  
Fort Myers, Florida 33913  
(City) (Zip code)

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 my position as registered agent.

  
(Registered agent's signature)

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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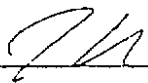
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>       |
|---------------------------------------------|--------------------------------|---------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Dennis Lehman            | <input checked="" type="checkbox"/> Manager | Name: Joshua Aberman           |
| <input type="checkbox"/> Member             | Address: 16251 Parallel Drive  | <input type="checkbox"/> Member             | Address: 16251 Parallel Drive  |
| <input type="checkbox"/> Authorized         | Fort Myers, FL 33913           | <input type="checkbox"/> Authorized         | Fort Myers, FL 33913           |
| Person                                      |                                | Person                                      |                                |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other | <input type="checkbox"/> Other              | <input type="checkbox"/> Other |
| <br><input type="checkbox"/> Manager        | Name:                          | <br><input type="checkbox"/> Manager        | Name:                          |
| <input type="checkbox"/> Member             | Address:                       | <input type="checkbox"/> Member             | Address:                       |
| <input type="checkbox"/> Authorized         |                                | <input type="checkbox"/> Authorized         |                                |
| Person                                      |                                | Person                                      |                                |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other | <input type="checkbox"/> Other              | <input type="checkbox"/> Other |
| <br><input type="checkbox"/> Manager        | Name:                          | <br><input type="checkbox"/> Manager        | Name:                          |
| <input type="checkbox"/> Member             | Address:                       | <input type="checkbox"/> Member             | Address:                       |
| <input type="checkbox"/> Authorized         |                                | <input type="checkbox"/> Authorized         |                                |
| Person                                      |                                | Person                                      |                                |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other | <input type="checkbox"/> Other              | <input type="checkbox"/> 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  
  
Joshua Aberman  
\_\_\_\_\_  
Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEHMAN PIPE AND SUPPLY FORT MYERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6778521 8300

SR# 20223461041

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204332770

Date: 09-07-22

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