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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: INFO@ACTIVATEMYLICENSE.COM

Foreign Limited Liability Company

ALLIED XTERIORS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

S. FRANKLIN
OCT 25 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLIED XTERIORS, I.E.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SHANA CARNAHAN

Name of Person

CONTRACTORS REPORTING SERVICE, INC.

Firm/Company

13795 N NEBRASKA AVE

Address

TAMPA, FL 33613

City/State and Zip Code

info@activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANA CARNAHAN

Name of Contact Person

at (813)

Area Code

932-5244

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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. ALLIED XTERIORS, L.L.C.
(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. LOUISIANA 3. 851361473
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 122 WEST PINE STREET 6. _____
(Street Address of Principal Office) (Mailing Address)

PONCHATOULA LA 70454

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

Name: Justin Jones

Office Address: 322 Sheffield Cir E

Palm Harbor, Florida 34683
(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.*

DocuSigned by:
JUSTIN CODY JONES
FSB84E826732444 (Registered agent's signature)

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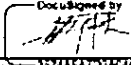
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>ROGER SMITH</u>	<input type="checkbox"/> Manager	Name: <u>WILLIAM CUMMINGS</u>
<input type="checkbox"/> Member	Address: <u>122 WEST PINE STREET</u>	<input checked="" type="checkbox"/> Member	Address: <u>122 WEST PINE STREET</u>
<input type="checkbox"/> Authorized	<u>PONCHATOULA, LA 70454</u>	<input type="checkbox"/> Authorized	<u>PONCHATOULA, LA 70454</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<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
<input type="checkbox"/> Manager	Name: _____	<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.

DocuSigned by

Signature of an authorized person

SARAH PORTIE

Typed or printed name of signer

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R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that.

In response to your request we are pleased to provide the information on the subject Limited Liability Company which filed articles of organization in this office on June 24, 2020.

Name: ALLIED XTERIORS, L.L.C.

Type: Limited Liability Company

City: PONCHATOULA

Status: ACTIVE

Business: ALLIED XTERIORS, L.L.C.

Charter Number: 43946227K

Registration Date: 6/24/2020

Domicile Address

122 WEST PINE STREET
PONCHATOULA, LA 70454

Mailing Address

122 WEST PINE STREET
PONCHATOULA, LA 70454

Status: ACTIVE

Annual Report Status: In Good Standing

Last Report Filed: 6/27/2022

Type: Limited Liability Company

Registered Agent(s)

Agent: ROGER SMITH
Address: 122 WEST PINE STREET
City, State, Zip: PONCHATOULA, LA 70454

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Appointment Date: 6/24/2020

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Officer(s)**Additional Officers:** No

Officer: ROGER SMITH
Title: Manager, Member
Address: 122 WEST PINE STREET
City, State, Zip: PONCHATOULA, LA 70454

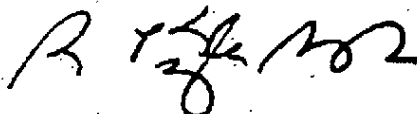
Officer: WILLIAM CUMMINGS
Title: Member
Address: 122 WEST PINE STREET
City, State, Zip: PONCHATOULA, LA 70454

Amendments on file

Date	Description
7/7/2020	Appointing, Change, or Resign of Officer

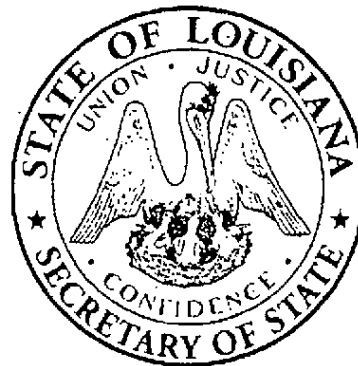
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 20, 2022



Secretary of State

Web 43946227K



Certificate ID: 11628391#XMJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov