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GEC - 7 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

Southern Specialty Contractor LLC

SUBJECT: _____
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:

Ronald Holbrook

Name of Person

Southern Specialty Contractor LLC

Firm/Company

10 Andrew Dr., Suite 100

Address

Stockbridge, Ga 30281

City/State and Zip Code

Admin@southernspecialtycontractor.com

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

For further information concerning this matter, please call:

Angela Perkins

Name of Contact Person

at (678) 583-9530

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2022 NOV 14 PM 1:02

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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. Southern Specialty Contractor 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1644772
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 606.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 Andrew Dr., Suite 100
(Street Address of Principal Office)
Stockbridge, Ga 30281

6. 10 Andrew Dr., Suite 100
(Mailing Address)
Stockbridge, Ga 30281

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Tom Glover
(Registered agent's signature)

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2022 NOV 14 PM 1:02
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

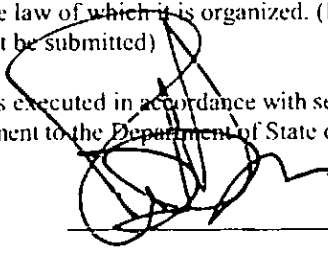
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Ronald Holbrook</u>	<input type="checkbox"/> Manager	Name:	<u>Angela Perkins</u>		
<input type="checkbox"/> Member	Address:	<u>1990 Flippen Rd</u>	<input type="checkbox"/> Member	Address:	<u>114 Harper Way</u>		
<input checked="" type="checkbox"/> Authorized		<u>Stockbridge, Ga 30281</u>	<input type="checkbox"/> Authorized		<u>McDonough, Ga 302</u>		
Person _____			Person _____				
<input checked="" type="checkbox"/> Other	<u>Owner</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other	<u>Admin Mgr</u>	<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.



Signature of an authorized person
Ronald Holbrook

Typed or printed name of signer

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

SOUTHERN SPECIALTY CONTRACTOR 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.

Docket Number : 24036179
Date Inc/Auth/Filed: 01/05/2010
Jurisdiction : Georgia
Print Date : 11/09/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State