

M22000018672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

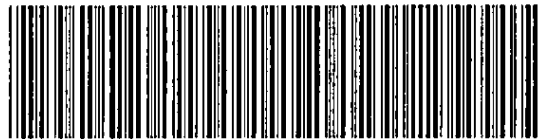
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2022 DEC 12 PM 4:21

APPROVED
AND
FILED

2022 DEC 12 PM 12:58

DEC 14 2022
K. Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 236090 4371937

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : December 12, 2022

ORDER TIME : 2:42 PM

ORDER NO. : 236090-005

CUSTOMER NO: 4371937

FOREIGN FILINGS

NAME: ASA SOUTHERN SAFETY & SUPPLY
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASA Southern Safety & Supply LLC

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:

Michelsa Calderon

Name of Person

Trivest Partners

Firm/Company

550 S. Dixie Highway, Suite 300

Address

Coral Gables, FL 33146

City/State and Zip Code

mcalderon@trivest.com

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

For further information concerning this matter, please call:

Michelsa Calderon

305

858-2200

Name of Contact Person

at (_____))

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

**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. ASA Southern Safety & Supply 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. 92-1270794
(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. 550 S. Dixie Hwy #300 6. 550 S. Dixie Hwy #300
(Street Address of Principal Office) (Mailing Address)
Coral Gables, FL 33146 Coral Gables, FL 33146

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2022 DEC 12 PM 12:58
CLERK OF CIRCUIT COURT
IN AND FOR FLORIDA
TALLAHASSEE COUNTY

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.

Corporation Service Company
By: Eylima Bahor Assistant Vice President
(Registered agent's signature)

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:**

☐ Manager Name: The Patch Group, LLC

☒ Member Address: 675 Progress Ave, Suite K

☐ Authorized Lawrenceville, GA 30043

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Forest Wester

☐ Member Address: 550 S. Dixie Hwy #300

☒ Authorized Coral Gables, FL 33146

Person _____

☒ Other Executive VP ☐ Other _____

☐ Manager Name: Ken Calhoun

☐ Member Address: 675 Progress Center Ave, Suite K

☒ Authorized Lawrenceville, GA 30043

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jorge A. Gross, Jr.

☐ Member Address: 550 S. Dixie Hwy #300

☒ Authorized Coral Gables, FL 33146

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: David Gershman

☐ Member Address: 550 S. Dixie Hwy #300

☒ Authorized Coral Gables, FL 33146

Person _____

☒ Other Executive VP ☐ Other _____

☐ Manager Name: Michelsa Calderon

☐ Member Address: 550 S. Dixie Hwy #300

☐ Authorized Coral Gables, FL 33146

Person _____

☒ Other Secretary ☐ 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

Michelsa Calderon

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASA SOUTHERN SAFETY & SUPPLY 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 TWELFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASA SOUTHERN SAFETY & SUPPLY LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2022.

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

7173144 8300

SR# 20224240125

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205069739

Date: 12-12-22