

W22000421518713

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : API PROCESSING
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Phone : (954)567-0013
Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

Foreign Limited Liability Company
Stokes Plumbing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stokes Plumbing, 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. South Carolina 3. 47-2639074
 (Jurisdiction under the law of which foreign limited liability company is organized) (F.L.I. number, if applicable)

4. _____
 (List, first transacted business in Florida, if prior to registration)
 (See sections 603.0901 & 605.0903, F.S., to determine penalty liability)

5. 6414 Jordan Road 6. 6414 Jordan Road
 (Street Address of Principal Office) (Mailing Address)
Effingham, SC 29541 Effingham, SC 29541

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

Name: API Processing - Licensing, Inc.
 Office Address: 3419 Gulf Ocean Drive, Suite A
Fort Lauderdale, Florida 33308
 (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.

Kathy Ballman
 (Registered agent's signature)

12-14-22

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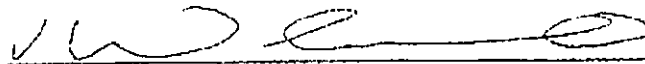
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Wesley Stokes</u>	☐ Manager	Name: <u>Dave Basom</u>
☐ Member	Address: <u>6414 Jordan Road</u>	☒ Member	Address: <u>2400 Lakeview Dr.</u>
☐ Authorized	<u>Effingham, SC 29541</u>	☐ Authorized	<u>Florence, SC 29505</u>
Person	_____	Person	_____
☒ Other <u>AMBR</u>	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Jacyn Palmer</u>	☒ Manager	Name: <u>Ashley Stokes</u>
☐ Member	Address: <u>4202 Armfield Rd.</u>	☐ Member	Address: <u>6414 Jordan Rd.</u>
☐ Authorized	<u>Effingham, SC 29541</u>	☐ Authorized	<u>Effingham, SC 29541</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Bubba Stokes</u>	☐ Manager	Name: _____
☐ Member	Address: <u>2253 Waverly Dr.</u>	☐ Member	Address: _____
☐ Authorized	<u>Florence, SC 29505</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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

Wesley Stokes

Type and printed name of signer

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

STOKES PLUMBING, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 1st, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 30th day
of November, 2022.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State