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(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
	Business Entity Name)	_
(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
	March 1	

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COVER LETTER

UBJECT:	Peake Trailer Sales, LLC		
- CD022CT	Name	of Limited Liability Company	_
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	
ease return a	all correspondence concerning this matter to	the following:	
	Josh Pcakc		
		Name of Person	_
	Peake Trailer Sales, LLC		
		Firm/Company	_
	2701 Talon Court		1- 3
		Address	- · ·
	Panama City, FL 32405		
	Ci	ty/State and Zip Code	- (*)
	jpeake@peaketrailersales.com		: 1
	E-mail address: (to be	used for future annual report notification)	- :
r further info	ormation concerning this matter, please cal	l:	
Josh Peake		803 465-5575	
	Name of Contact Person	at () Area Code Daytime Telephone Number	_
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
Tana	massee, 1 L 32314	Tallahassee, FL 32303	
	sed is a check for the following amount:		
	e make check payable to: FLORIDA DEP. 25.00 Filing Fee \$130.00 Filing Fee Certificate o	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee	

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

IN COMPILANCE 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:

(Name of Foreign	Limited Liability Company; must include "I	limited Liability Co	mpany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting busine	ss in Florida. The alter	nate name must include "Limited Liability	Company," "L.L.C," or "LLC.
Lexington County, SC 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized	<u> </u>	(FEI number, if a	iplicable)
4	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	rior to registration.)	lim	
2701Talon Court	(See See Bill 605.0704 to 105.0705, 1.15. 101	27	01 Talon Court (Mailing Address)	
Street Address of Principal Office) Panama City, FL 3240	5		(Mailing Address) nama City, FL 32405	
		_		
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acce	epuble)	:
Name:	Josh Peake			
Office Address:	2701 Talon Court			
	Panama City (City)		32405 , Florida(Zip code)	
Registered agent's accen			(z.ip 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)

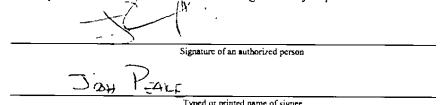
Company of the Company

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:	Title or Capacity:		Name and Address:
■Manager	Name:	□Manager	Name:	
□Member	Address: 2701 Talon Court	□Member	Address:	
□Authorized	Panama City, FL 32405	□Authorized	-	
Person		Person		
□Other	Other	□Other		Other
□Manager	Name: Katic Peake	□Manager	Name:	
□Member	Address: 2701 Talon Court	□Member		
Authorized	Panama City, FL 32405	□Authorized		
Person		Person		~
□Other	Other	□Other		Other
				• • • •
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□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.



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:

Peake Trailer Sales LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 7th, 2021, 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 15th day of November, 2022.

Mark Hammond, Secretary of State



October 13, 2022

JOSH PEAKE 2701 TALON COURT PANAMA CITY, FL 32405 US

SUBJECT: PEAKE TRAILER SALES, LLC

Ref. Number: W22000129564

We have received your document for PEAKE TRAILER SALES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00023000

