

1/27/23, 10:52 AM

Division of Corporations

**M2300001175**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000035344 3)))



H230000353443ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
A-1 INDUSTRIES OF GEORGIA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H23000035344 3

# 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. A-1 INDUSTRIES OF GEORGIA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. GEORGIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2854572

(FPI 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. 1400 BRINSON AIRBASE ROAD

(Street Address of Principal Office)

6. 1400 BRINSON AIRBASE ROAD

(Mailing Address)

BAINBRIDGE, GA 39817

BAINBRIDGE, GA 39817

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

Name:

THOMAS SENNOTT

Office Address:

4451 ST LUCIE BLVD

FORT PIERCE

(City)

, Florida

34946

(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.



(Registered agent's signature)

H23000035344 3

H23000035344 3

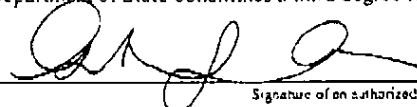
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
✓ Manager	Name: <u>JOHN R. HERRING</u>	Manager	Name: <u>DAVID BLENKER</u>
Member	Address: <u>4451 St Lucie Blvd</u>	Member	Address: <u>4451 St Lucie Blvd</u>
Authorized	<u>Fort Pierce FL 34946</u>	Authorized	<u>Fort Pierce FL 34946</u>
Person	_____	Person	_____
Other _____	Other _____	✓ Other <u>VP of Operations</u>	Other _____
✓ Manager	Name: <u>LINDA HERRING</u>	Manager	Name: <u>THOMAS SENNOTT</u>
Member	Address: <u>4451 St Lucie Blvd</u>	Member	Address: <u>4451 St Lucie Blvd</u>
Authorized	<u>Fort Pierce FL 34946</u>	Authorized	<u>Fort Pierce FL 34946</u>
Person	_____	Person	_____
Other _____	Other _____	✓ Other <u>Treasurer</u>	Other _____
✓ Manager	Name: <u>JAN S. BECK</u>	Manager	Name: <u>MICHAEL L RUEDE</u>
Member	Address: <u>4451 St Lucie Blvd</u>	Member	Address: <u>4451 St Lucie Blvd</u>
Authorized	<u>Fort Pierce FL 34946</u>	Authorized	<u>Fort Pierce FL 34946</u>
Person	_____	Person	_____
✓ Other <u>VP</u>	Other _____	✓ Other <u>President</u>	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

ASHLEY ARINUS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

H23000035344 3

H23000035344 3

Control Number : 20153462

# 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

**A-1 Industries of Georgia 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 : 24368069  
Date Inc/Auth/Filed: 08/31/2020  
Jurisdiction : Georgia  
Print Date : 01/24/2023  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

H23000035344 3