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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LICENSE EXAM SERVICES
Account Number : 120120000042
Phone : (941)685-0955
Fax Number : (866)473-0571

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

Email Address: terry@usexteriorsolutions.com

**Foreign Limited Liability Company
US Exterior Solutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

MAY 19 2023

((H23000183905 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U.S. EXTERIOR SOLUTIONS, 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:

TERRY RICH

Name of Person

U.S. EXTERIOR SOLUTIONS, LLC

Firm/Company

348 HERRON DRIVE

Address

NASHVILLE, TN 37210

City/State and Zip Code

TERRY@USEXTERIORSOLUTIONS.COM

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

For further information concerning this matter, please call:

TERRY RICH

615

642-8925

at (_____) _____

Name of Contact Person

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

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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. **U.S. EXTERIOR SOLUTIONS, 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. **TENNESSEE**

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

3. **36 4428539**

(FEI number, if applicable)

4. **NA**

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **U.S. EXTERIOR SOLUTIONS, LLC**

(Street Address of Principal Office)

348 HERRON DRIVE

NASHVILLE, TN 37210

6. (Mailing Address)

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

Name: **REGISTERED AGENTS INC**

Office Address: **7901 4TH ST N, STE 300**

ST. PETERSBURG

(City)

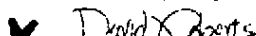
, Florida

33702

(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.

 David Roberts

2023 May 18 AM 9:29

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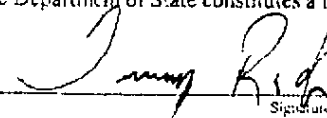
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Terry Rich	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 745 Huffine Manor Circle	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Franklin, TN 37067	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Brianna Brock	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 400 Herron Dr #406	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Nashville, TN 37 210	<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.

X  _____
Signature of an authorized person

((H23000183905 3)))



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRIANNA BROCK / TERRY RICH
348 HERRON DR
NASHVILLE, TN 37210

May 15, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0530172

Issuance Date: 05/15/2023
Copies Requested: 1

Document Receipt

Receipt #: 008118450
Payment-Check/MO - US EXTERIOR SOLUTIONS, LLC, NASHVILLE, TN
Filing Fee \$20.00
\$20.00

Regarding: U.S. EXTERIOR SOLUTIONS, LLC.

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 03/13/2001

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 404826

Date Formed: 03/13/2001

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

U.S. EXTERIOR SOLUTIONS, LLC.

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State