

M23000011555

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DIPHORA LLC
Account Number : I20220000014
Phone : (786)280-3205
Fax Number : (561)300-0428

****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
MW WINDOWS CONTRACTOR LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Control Number : 20026545

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

M W Windows 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 : 25800990
Date Inc/Auth/Filed: 02/17/2020
Jurisdiction : Georgia
Print Date : 08/28/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

(((H23000315574 3)))

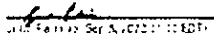
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: JULIO PATRICIO | <input type="checkbox"/> Manager | Name: N/A |
| <input checked="" type="checkbox"/> Member | Address: 1871 SHELOH VALLEY WAY | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | NW, KENNESSAW, GA 30144 | <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: N/A | <input type="checkbox"/> Manager | Name: N/A |
| <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 _____ |
| <input type="checkbox"/> Manager | Name: N/A | <input type="checkbox"/> Manager | Name: N/A |
| <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.


JULIO PATRICIO, Ser. N/A, 07/21/2023

Signature of an authorized person

JULIO PATRICIO

Typed or printed name of signer

(((H23000315574 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. MW WINDOWS LLC

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

MW WINDOWS CONTRACTOR 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. STATE OF GEORGIA

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

84-4868862

3.

(FPI number, if applicable)

08/28/2023

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0902, F.S. to determine penalty liability.)

1871 SHILOH VALLEY WAY NW

5. (Street Address of Principal Office)

1871 SHILOH VALLEY WAY NW

6.

(Mailing Address)

KENNESAW, GA

KENNESAW, GA

30144, USA

30144, USA

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

Name: OAK TAX AND ACCOUNTING

Office Address: 3035 SE MARICAMP RD STE 104 163

OCALA

(City)

34471

, Florida

(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)

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MW WINDOWS CONTRACTOR LLC (FLORIDA REGISTRATION)


Final Audit Report


2023-09-05


| | |
|-----------------|--|
| Created: | 2023-09-05 |
| By: | Estefane de Carvalho (estefane@oaktaxaccounting.com) |
| Status: | Signed |
| Transaction ID: | CEJCH8C-45A4601560193E56e0w2h0fUQ633PFLM |


"MW WINDOWS CONTRACTOR LLC (FLORIDA REGISTRATION)" History

 Document created by Estefane de Carvalho (estefane@oaktaxaccounting.com)
2023-09-05 - 1:58:25 PM GMT

 Document emailed to Julio Patricio (mwwindowsslcc@gmail.com) for signature
2023-09-05 - 2:58:29 PM GMT

 Email viewed by Julio Patricio (mwwindowsslcc@gmail.com)
2023-09-05 - 3:09:09 PM GMT

 Document e-signed by Julio Patricio (mwwindowsslcc@gmail.com)
Signature Date: 2023-09-05 - 3:10:29 PM GMT - Time Source: Server

 Agreement completed.
2023-09-05 - 3:10:29 PM GMT



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