# M23000012488

Office Use Only



000415494030

09/29/23--01008--007 \*\*166.63

2023 SEP 29 AM II: 05

RECEIVED

#### **COVER LETTER**

TQ:

Registration Section

Divisio	n of Corporations	
SUBJECT:	Walters	Exterior Cleaning, LLC Name of Limited Liability Company
		ed Liability Company for Authorization to Transact Business in Florida," Certificate of r the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning t	this matter to the following:
	Joidon Wa	Name of Person
		Name of Person
	(Jalters E)	Firm/Company
	100 Pickmons	Address
		' Address
	Piedmont,	SC 29673 City/State and Zip Code
	/	City/State and Zip Code
	in to 6 und 4	Idress: (to be used for future annual report notification)
For further infor	mation concerning this matte	
	Name of Contact P	erson at ( <u>\$34</u> ) <u>741 - 1523</u> Person Area Code Daytime Telephone Number
	rame of Comact I	Area Code Daytime Telephone Number
	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
ianan	M. 100017	Tallahassee, FL 32303
Please	5.00 Filing Fee 🔲 \$130.0	g amount:  DRIDA DEPARTMENT OF STATE  00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

	Imited Liability Company; must include "Limited adopted for the purpose of transacting business in Fl			lity Company," "L.L.C," o	—  "LLC."
South Car Ourisdiction under the law of wh	ch foreign limited liability company is organized)	3. <u>8</u>	24 - 506 <u>846</u> (FEI number,	if applicable)	_
October 15	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	<del>_</del>	_	
100 Procept Office)	Rd	6	100 Kiedmo	of Rd	<u>—</u>
Piedmont,	<u>.5C</u>		Piedmont,		_
Name and street address	of Florida registered agent: (P.O. Box	——	26973		_
Name:	Javed Sims	- '			
Office Address:	420 Loven Prive	? —————		2023 SE	-
	Lake and		, Florida 33505 (Zip code)	•	i i i i i i i i i i i i i i i i i i i
ignated in this applicat comply with the provision	istered agent and to accept service of pion, I hereby accept the appointment a ons of all statutes relative to the proper	s registered ap	gent and agree to act in	this capacity. Thu	the pla rther o
d accept the obligations	of my position as registered agent.	M. X	,		

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: Austio Inditers	□Manager	Name: Tourdan Walters
□Member	Address: 6 hit the weal Of	□Member	Address: 225 Hillendole Way
□Authorized	Commille, SC	□Authorized	Pelzer, SC
Person	29607	Person	29669
MOther CEO.	Other	DOther OFO.	
_	To 10 6		
Manager	Name: Joseph St, ms	□Manager	Name:
□Member	Address: 470 (min) fil	□Member	Address:
□Authorized	Lakeland Florida	□Authorized	
Person	3385E 33805	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
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

Sordan Worlter 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:

Walters Exterior Cleaning LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 9th, 2020, 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 29th day of September, 2023.

Mark Hammond, Secretary of State