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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

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FLORIDA  
DIVISION OF  
CORPORATIONS  
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Foreign Limited Liability Company  
TRUE NORTH WAY LLC

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10/5/23

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRUE NORTHWAY 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:

AMANDA JOHNS

\_\_\_\_\_  
Name of Person

CONTRACTORS REPORTING SERVICE, INC.

\_\_\_\_\_  
Firm/Company

13795 N NEBRASKA AVE

\_\_\_\_\_  
Address

TAMPA, FL 33613

\_\_\_\_\_  
City/State and Zip Code

info@activatenylicense.com

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

For further information concerning this matter, please call:

AMANDA JOHNS

\_\_\_\_\_  
Name of Contact Person

at ( 813 )

\_\_\_\_\_  
Area Code

932-5244

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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. TRUE NORTH WAY LLC

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

TRUE NORTH WAY CONSTRUCTION LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. GEORGIA

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

3. 83-3341768

(FEI 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. 745 US HIGHWAY 84 E

(Street Address of Principal Office)

6. 745 US HIGHWAY 84 E

(Mailing Address)

CAIROGA39828CAIROGA398287. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

CONTRACTORS REPORTING SERVICE

Office Address:

2513 RUSTIC OAKS DRLUTZ

(City)

, Florida 33559

(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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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:	<u>JEREMIAH HORNE</u>		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	<u>745 US HWY 84 E</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>CAIRO GA 39828</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input checked="" type="checkbox"/> Manager	Name: <u>JUSTIN HORNE</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>745 US HWY 84 E</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>CAIRO GA 39828</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: <u>GEORGE YU</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>745 US HWY 84 E</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>CAIRO GA 39828</u>	<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.

- DocuSigned by:

Jeremiah Horne

Signature of an authorized person

JEREMIAH HORNE

Typed or printed name of signee

H23000350274.3

Control Number : 19013287

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**True North Way LLC**  
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **01/15/2019** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **02/04/2019**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State