

M23000013480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

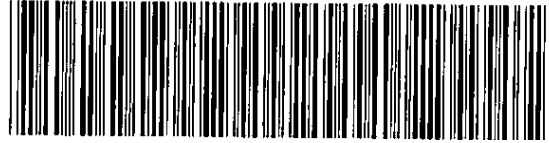
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600417127996

RECEIVED

2023 OCT 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2023 OCT 19 PM 6:51

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

OCT 19 2023

K. Brumblay



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 10/19/23
Order #: 1293041-1
Re: Veteran Air Home Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in cursive script, appearing to read "Eyliena Baker", is written over the word "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VETERAN AIR HOME SERVICES, 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:

Janeen A. Miller

Name of Person

Hill Ward Henderson

Firm/Company

101 E Kennedy Blvd, Ste 3700

Address

Tampa, FL 33602

City/State and Zip Code

Notice@apexservicepartners.com

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

For further information concerning this matter, please call:

Janeen A. Miller

813

506-5136

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

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. Veteran Air Home Services, LLC

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

(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.")

Delaware

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

3. 93-3979995

(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)

6720 33rd St East

5. (Street Address of Principal Office)

Sarasota, FL 34243

201 E Kennedy Blvd

6. (Mailing Address)

Ste 1600

Tampa, FL 33602

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

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AND
FILED
2023 OCT 19 PM 6:51
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By:

Eyleima Bahave

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:**

☐ Manager Name: Andrew J. Brown

☐ Member Address: 201 E Kennedy Blvd

☒ Authorized Ste 1600

Person Tampa, FL 33602

☒ Other Group CEO ☐ Other

☐ Manager Name: Daniel Bronson

☐ Member Address: 201 E Kennedy Blvd

☐ Authorized Ste 1600

Person Tampa, FL 33602

☒ Other Group CFO ☐ Other

☐ Manager Name: Scott Gaines

☐ Member Address: 201 E Kennedy Blvd

☐ Authorized Ste 1600

Person Tampa, FL 33602

☒ Other Regional VP - Operations ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: William Matson

☐ Member Address: 201 E Kennedy Blvd

☒ Authorized Ste 1600

Person Tampa, FL 33602

☒ Other Group President ☐ Other

☐ Manager Name: Bradley Chartier

☐ Member Address: 201 E Kennedy Blvd

☐ Authorized Ste 1600

Person Tampa, FL 33602

☒ Other Regional President ☐ Other

☐ Manager Name: Gideon C. Moore

☐ Member Address: 201 E Kennedy Blvd

☒ Authorized Ste 1600


Person Tampa, FL 33602

☒ Other Secretary ☐ 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

Gideon C. Moore

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VETERAN AIR HOME SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETERAN AIR HOME SERVICES, LLC"- WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2481969 8300

SR# 20233761270

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204400564

Date: 10-18-23