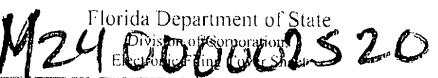
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA600000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address:

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## Foreign Limited Liability Company RELIABLE DOORS JACKSONVILLE, LLC

Certificate of Status	()
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2024-02-26 14:03:22 CST

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From: David Thomas

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

IN COMPHANCE WITH SECTION 605.000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LLIBITATY COMPANYTO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

	Reliable Door	s Jacksonville, L	LC				
(Name of Foreign Unit)	ted Liability Company; must include	Unnited Liability Company	yn 11,1,0,1,1	и "П.С.";			
it came intevadable, exter alternate name a	dopted for the purpose of transacting busine	98 in Plot da The accentie gan	e must melude "	Cimited Etability (	lempany," "L. U	Committee	"i
De	laware	3		(FFI manker, it s			
(Jacisdiction under the less of which li	scipa oraised liability company is expended	1		(FF) muriket, it s	ipplicable)		
·	There that terms noted attaches in Idea to a	Dries to exacely ation 1		<del>_</del>	<del>_</del>		
	(Date first translocted atomess in Florida, if (Pee sections 605,0004 w 605,0005, F.S. to	(describere penalty liability)					
6676 Columbia Pa		6.					
(Street Address of Princip	al Office)		(.)	doling Addresso	·		
Jacksonville, Fl	orida 32258				6	~2_	
					:	1924 F	æ
	157. 10		···		:	FEB 2	-
. Name and <u>street address</u> of	Florida (egistered agent. (P.O	). Box <u>NOT</u> acceptabl	le)		:	σ	;
					1		:
Name:	C T Corporation S	ystem ————————————————————————————————————			 !''	8: 10	
Office Address:	1200 South Pine Isla	ind Road				٠	
	Plantation		Florida	33324			

## 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.

(Cey)

1. 16 1 ml

Member

Authorized

Person

Other\_\_\_\_

Member Address;

Other

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manage [up to six (	b) total]:			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
∐Manager	Name: Carlos Morales	☐ Manager	Name:	
Member	Address: 6676 Columbia Park Drive South	Member	Address:	
Authorized	Jacksonville, FL 32258	Authorized		
Person		Person	<del></del>	
XOther Presid	ent Other	[_]Other		Other
Manager	Name:	☐ Manager	Name:	
∐Membei	Address:	∐ Member	Address:	
[]Authorized		Authorized		
Person		Person		· · · · · · · · · · · · · · · · · · ·
Other	Other	Uther		Other
Manager	Name:	Manager	Name:	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to

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.

Other\_\_\_\_

Authorized

Person

[Other\_\_\_\_

- 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.





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RELIABLE DOORS JACKSONVILLE, 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024.

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



Seffrey W. Bulliace, Secretary of State

Authentication: 202858335