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COVER LETTER

TO:

BJECT:	Name of Limited Liability Company			
DJEC1.				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
ease returr	all correspondence concerning this matter t	to the following:		
	LISA WHITING			
		Name of Person		
	INTERSTATE FIRE SALES AND SE	ERVICE, LLC		
Firm/Company				
	PO BOX 65248			
		Address		
	SALT LAKE CITY, UT 84165			
		City/State and Zip Code		
	LICENSING@STATEFIRE.COM			
	E-mail address: (to be	e used for future annual report notification)		
or further i	nformation concerning this matter, please ca	dI:		
LIS	SA WHITING	208 232-3640 at ()		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Re Di P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEI \$125.00 Filing Fee \$\Bigsquare \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate		

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ALES AND SERVICE, LLC		
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L. L. C.," or "LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida The alternate name must include "Limited Liabili	ity Company," "L.L.C." or "LLC.")
DELAWARE		26-0252670	
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, i	fapplicable)
4.			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration) to penalty liability)	_
2550 S WEST TEMPI	LE	PO BOX 65248	
5. (Street Address of Principal Office)	 	6. (Mailing Address)	
SOUTH SALT LAKE		SALT LAKE CITY	2024 FI SF-CO
UTAH, 84115		UTAH, 84165	EB 28
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	PH 4: 28
Name:	INCORP SERVICES, INC.		一品。
Office Address:	3458 LAKESHORE DRIVE		
	TALLAHASSEE	32312 Florida	
	(City)	(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.

Heather Glean on behalf of InCorp Services, Inc
(Registered agent's signature)

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: JOHNATHAN PAGE	■Manager	Name: MICHAEL FULLMER
□Member	Address: 2550 S WEST TEMPLE	□Member	Address: 2550 S WEST TEMPLE
□Authorized	SOUTH SALT LAKE	□Authorized	SOUTH SALT LAKE
Person	UTAH, 84115	Person	UTAH, 84115
□Other		□Other	Other
□Manager	Name:	□Manager	Name: TRACY MUSSO
■Member	Address: 2550 S WEST TEMPLE	■Member	Address: 2250 S WEST TEMPLE
□Authorized	SOUTH SALT LAKE	□Authorized	SOUTH SALT LAKE
Person	UTAH, 84115	Person	UTAH, 84115
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	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.

Signature of an authorized person

Michael Fullmer

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

DELAWARE, DO HEREBY CERTIFY "INTERSTATE FIRE SALES AND SERVICE,

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 TWELFTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERSTATE FIRE SALES AND SERVICE, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2007.

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

Authentication: 202583432

Date: 01-12-24