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STATE OF THE STATE

#### **COVER LETTER**

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TO:	Registration Section Division of Corporations				
SUBJI	Allen's Electric Service L.L.C.				
		ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence concerning this matter	to the following:			
	Jay McDaniel				
	Name of Person				
	Briland Capital, L.L.C.				
Firm/Company					
1709 Hermitage Blvd Suite 200					
Address					
	Tallahassee, Fl. 32308				
City/State and Zip Code					
	jay@brilandcompanies.com				
	E-mail address: (to b	e used for future annual report notification)			
For fu	rther information concerning this matter, please co	all:			
Jay McDaniel		305 923-2271 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section Division of Corporations P.O. Box 6327		Registration Section			
		Division of Corporations			
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314	Tallahassee, FL 32303			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DE.  \$\Begin{array}{l} \begin{array}{l}	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 (05.050), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. ALLEAS Electric Service LLC. "or "LLC." or "LLC.")  (Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or "LLC.")
Allen's Flectric Sorvice of Georgia L. L. (III) 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 "L
2. Company (Sursadiction under the haw of which foreign limited liability company is organized).  3. 46-233-31. (FEI number, if applicable)
4. Upm CSi Stratt M Date first transacted business in Florida, if prior to registration.) (See sections 605-0904, & 605-0905, F.S., to determine penalty liability)
Street Address of Principal Office) 6. (Mailing Address) 6. (Mailing Address)
Caro Ga 37828 _ Cairo Ga 39828
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Tallala See:  Florida 3330 X FE 350
Office Address: 1709 Hermitage Blvd Svite 200 Fig. 2
Tallahassee Florida 3230 8 75 55 (Cap)
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 age 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)

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: Chad E Allen	■Manager	Name: Everett A Allen
□Member	Address: 622 Pine Park Road	□Member	Address: 2140 Hadley Ferry Rd
□Authorized	Cairo, Ga 39828	□Authorized	Cairo, Ga 39828
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	46-167-1-10-16-16-16-16-16-16-16-16-16-16-16-16-16-
Person		Person	
□Other	□Other	□Other	□Other

<u>Important Notice</u>: 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.

Chad E. Allen

Chad E. Anch

• • •

Control Number: 13178212

### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF REINSTATEMENT

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

## Allen's Electric Service L.L.C a Domestic Limited Liability Company

was formed on 02/06/2013, and later administratively dissolved on 09/08/2023. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 03/11/2024, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 03/15/2024.



Brad Raffonspager