M2400009209

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/18/2024

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NAME: EMORY ELECTRIC, LLC

TYPE OF FILING: APPLICATION

- COST: 125.00
- **RETURN: PLAIN COPY PLEASE**

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Emory Electric, 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:

Emily Webster Name of Person Centerline Business Services Firm/Company 813 Ridge Lake Blvd. Address . Memphis, TN 38120 City/State and Zip Code ewebster@centerlinebs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emily Webster 901 425-9200 at Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Street Address: Registration Section **Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 S125.00 Filing Fee □ \$130.00 Filing Fee &

S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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:

Name of Foreig	n Limited Liability Company; must include "Limi		
ory Electric Acquisit	ion 'LIC	ted Liability Company," "LLC.," or "LUC.")
nnessee	e name adopted for the purpose of transacting business in		liability Company," "L L C," or "
		88-2035486 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI num	ber, if applicable)
		,	
	(Date first transacted business in Florida, if mine		
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	o registration.) mine penalty liability)	
13 Ridge Lake Blvd.		813 Ridge Lake Blvd.	
Address of Principal Office)		6(Mailing Address)	
emphis, TN 38120		Memphis, TN 38120	
			·
			2824
ime and street addre	ss of Florida registered agent: (P.O. Bo		
girot addre	33 OF PIOLIDA registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
	Paragen In summer of		
Name:	Paracorp Incorporated		
	155 Office Plaza Drive, 1st Floor	• •	
Office Address:		<u> </u>	<u> </u>
	Tallahassee		
	(City)	, Florida32301	
	(Сау)	(Zip code)	

Registered agent's acceptance:

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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.

See Attached

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□ Manager	Name:
■Member	Address:	□Member	Address:
DAuthorized	Memphis, TN 38120	lAuthorized	Memphis, TN 38120
Person		Person	
Other	Other	DOther	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized	· · · · · · · · · · · · · · · · · · ·	□Authorized	
Person		Person	
Other	Qthet	Quber	
□Manager	Name:	□Manager	Name:
DMember	Address:		Address:
Authorized		□Authorized	
Person		Person	
Other	[] Other	Other	Other

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]:

;

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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.

Puily	noelestor,	
	Signature of an authorized person	
Emily	Webster	
	Trend an address of the	

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 7/18/2024

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Emory Electric Acquisition, LLC ENTITY NAME:

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

eller

Leticia Herrera, Assistant Secretary Paracorp Incorporated



State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Division of Business Services Department of State

June 28, 2024

Request Type: Certificate of Existence/Authorization Issuance Date: 06/28/2024 Request #: 0590077 Copies Requested: 1 **Document Receipt** Receipt #: 009098177 Filing Fee: \$20.00 Payment-Credit Card - State Payment Center - CC #: 3876892878 \$20.00 Regarding: **Emory Electric, LLC** Filing Type: Limited Liability Company - Domestic Control # : 1308725 Formation/Qualification Date: 04/26/2022 Date Formed: 04/26/2022 Status: Active Formation Locale: TENNESSEE Duration Term: Perpetual Inactive Date: Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Emory Electric, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 068382635

Processed By: Cert Web User

Tre Hargett Secretary of State

PARASEC 2804 GATEWAY OAKS DR STE 100 SACRAMENTO, CA 95833