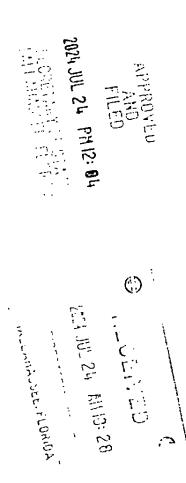
## M24000009500

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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#### **CT CORP**

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#I20160000072

07/24/2024

Date:

4:1 DW

Name:	Panhandle Building Materials, LLC
Document #:	
Order #:	15782848
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good	
Standing:	
Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 155.00

Thank you!

#### COVER LETTER

**Registration Section** 

TO:

	Nam	e of Limited Liability Company
enclosed " tence, and	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo
se return a	ll correspondence concerning this matter t	o the following:
	Lisa M. Conner	
		Name of Person
	Hirschler Fleischer	
		Firm/Company
	2100 East Cary Street	
		Address
	Richmond, VA 23223	
	C	City/State and Zip Code
	E-mail address: (to be	e used for future annual report notification)
urther info	ormation concerning this matter, please ca	11:
Lisa	M. Conner	at () Area Code Daytime Telephone Number
	Name of Contact Person	Area Code Daytime Telephone Number
Regi	ng Address: stration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### 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 Foreign	Limited Liability Company; must include "Limited	Liability Con	ipany, L.L.C., or LLC.	J	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The altern	ate name must include "Limited l	Liability Company," "L.L.C,	" or "LLC.")
Delaware		99	-2386921		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEU nun	nber, if applicable)	
·					
<del>- 1</del>	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration.) se penalty liabili	ty)		
890 Industrial Ct		240	1 Lynx Lane		
Street Address of Principal Office)		O	(Mailing Address)		
Pensacola, Florida 32505		Sui	te 16		
		Orl	ando, FL 32804-4716		
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	otable)	1024 JUL 24 PH 12: 0	<u> </u>
Name:	C T Corporation System		_		
Office Address:	1200 South Pine Island Road			12: 04	
	Plantation		33324 , Florida		
	(Cny)		(Zip code)		
lesignated in this applica	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper	registered	agent and agree to act	$t$ in this capacity. $I_{ m c}$	further ag

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: V. Sean Cusack □Manager Name: \_\_\_\_\_\_ □Manager Address: 2401 Lynx Lane □Member □ Member Address: Suite 16 □ Authorized □ Authorized Orlando, FL 32804-4716 Person Person ©CFO ■Other\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Manager ■ Manager □Member Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person □Other \_ \_ □Other \_\_\_\_ Other □Other □Manager Name: Name: □Manager □Member Address: \_\_\_\_\_ Address: \_\_\_\_\_ □ Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. V. Sean Cusack

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PANHANDLE BUILDING MATERIALS, 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-FOURTH DAY OF JULY, A.D. 2024.

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

Authentication: 203997065

Date: 07-24-24