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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

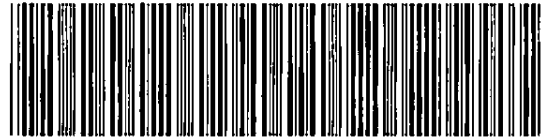
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(Document Number)

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Special Instructions to Filing Officer:

M24000113448

Office Use Only



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08/05/24--01008--011 \*\*125.00

RECEIVED

AUG 02 2024

2024 AUG 20 PM 3:41



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2024

LES CROMER  
157 DELORES DR  
LEESBURG, GA 31763 US

SUBJECT: ADVANCED BACKFLOW & SPRINKLER LLC  
Ref. Number: W24000113448

We have received your document for ADVANCED BACKFLOW & SPRINKLER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 724A00017843

*Rec'd  
Aug 20, 2024*

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:

1. Advanced Backflow & Sprinkler LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Georgia 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 331 Bruce Street 6. 1605 Camp Lane  
(Street Address of Principal Office) (Mailing Address)  
St. George Island, FL 32328 Albany, GA 31707

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chad Gunter  
Office Address: 331 Bruce Street  
St. George Island 32328  
(City) , Florida (Zip code)

2024 AUG 20 PM 3:41

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.

[Signature]  
(Registered agent's signature)

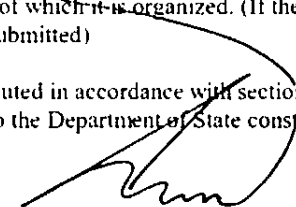
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Les Cromer	<input checked="" type="checkbox"/> Manager	Name: Chad Gunter
<input type="checkbox"/> Member	Address: 1605 Camp Lane	<input type="checkbox"/> Member	Address: 1605 Camp Lane
<input type="checkbox"/> Authorized	Albany, GA 31707	<input type="checkbox"/> Authorized	Albany, GA 31707
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Ward Summerell	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1605 Camp Lane	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Albany, GA 31707	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Shawn Harper	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1605 Camp Lane	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Albany, GA 31707	<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**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.

  
\_\_\_\_\_  
Signature of an authorized person

Les Cromer  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Advanced Backflow & Sprinkler LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27787192  
Date Inc/Auth/Filed: 05/13/2024  
Jurisdiction : Georgia  
Print Date : 07/28/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State