

M240000010715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

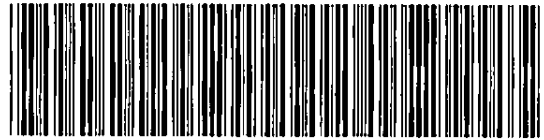
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000074514

Office Use Only



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04/23/24--01003--017 \*\*130.00

RECEIVED

APR 22 2024

2024/04/22 PM 1:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2024

*Registration*

*2415 N Monroe St Ste 810*

NANCY NEELY  
5147 ALHAMBRA AVE.  
LOS ANGELES, CA 90032 US

*Tallahassee, FL*

*32303*

SUBJECT: ARROWHEAD BRASS & PLUMBING, LLC  
Ref. Number: W24000074514

We have received your document for ARROWHEAD BRASS & PLUMBING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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Letter Number: 724A00010581

**RECEIVED**

AUG 20 2024

*street corner*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Arrowhead Brass & Plumbing 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:

Nancy Neely

Name of Person

Arrowhead Brass & Plumbing LLC

Firm Company

5147 Alhambra Ave.,

Address

Los Angeles, CA 90032

City/State and Zip Code

nancy.neely@arrowheadbrass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Neely

Name of Contact Person

at ( 323 )

Area Code

430.2892

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate 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:

1. Arrowhead Brass & Plumbing LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. California  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-2116353  
(FEI number, if applicable)

4. 03/04/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5147 Alhambra Ave.  
(Street Address of Principal Office)

6. 5147 Alhambra Ave.  
(Mailing Address)

Los Angeles, CA 90032

Los Angeles, CA 90032

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

Name: Registered Agents Inc

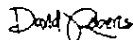
Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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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.



(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:  
☒ ~~X~~ Manager Name: Kuo Rei Chen  
☐ Member Address: 5147 Alhambra Ave  
☐ Authorized Los Angeles, CA 90032  
Person  
☐ Other ☐ Other

☐ Manager Name: Jerry Qin  
☐ Member Address: 5147 Alhambra Ave.  
☒ ~~X~~ Authorize Los Angeles, CA 90032  
d Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

Title or Capacity: Name and Address:  
☐ Manager Name: Nancy Neely  
☐ Member Address: 5147 Alhambra Ave  
☒ ~~X~~ Authorize Los Angeles, CA 90032  
d Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ 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.

*Nancy Neely*

Signature of an authorized person

Nancy Neely

Typed or printed name of signee



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** ARROWHEAD BRASS & PLUMBING, LLC  
**Entity No.:** 201007510098  
**Registration Date:** 03/16/2010  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2024.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 184767230

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).