## MAYUN 14856

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

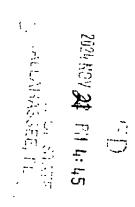
Office Use Only



300438109413

10/23/24--01019--028 \*\*130.00

RECEIVED
OCT 2 2 2024



T. LEMIEUX NOV 2 5 2024



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	United Structural Systems, LLC	
		Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.
Please t	return all correspondence concerning this m	natter to the following:
	Brittany Harvey	
		Name of Person
	United Structural Systems, LLC	
		Firm/Company
	2111 Boat Factory Road	
		Address
	Pleasant View, TN 37146	
		City/State and Zip Code
	brittany.harvey@usstn.com	
	E-mail address:	: (to be used for future annual report notification)
For furt	ther information concerning this matter, ple	ase call:
	Brittany Harvey	615 746-1627 at ( )
	Name of Contact Person	
Mailing Address: Registration Section		Street Address: 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 amorelease make check payable to: FLORIDA	
	☐ \$125.00 Filing Fec <b>■</b> \$130.00 Fil	



November 6, 2024

BRITTANY HARVEY Book 2111 OAT FACTORY RD PLEASANT VIEW, TN 37146

SUBJECT: UNITED STRUCTURAL SYSTEMS, LLC

Ref. Number: W24000150413

We have received your document for UNITED STRUCTURAL SYSTEMS, 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):

PLease have someone from CT Corporation System sign as registered agent.,

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 324A00024449

NOV 2 1 2024

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

United Structural Syste	ms, LLC					
United Structural Syste (Name of Foreign	Limited Liability Company, must include "Limite	Liability Company," "L.L	.C.," or "LLC."	7		<del></del>
Table saturalismen	name adopted for the purpose of transacting business in F	wids. The alternate name most	include "Limited	Lishility Cor	mosav." "L.1	LC"œ"LLC")
Delaware	manie surpera see un purpore or carinacing conserts in a	35-1925969			- <b></b>	, ,
(Jurisdiction under the law of w	rhich foreign limited liability company is organized)	3	(FEI nu	mber, if appli	cable)	<del></del>
10/14/2024						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ne penalty liability)				
2111 Boat Factory Ro	ad	Same 6.				
rect Address of Principal Office)		(Mailing Add	ress)	· <u>-</u>	<u> </u>	
Pleasant View, TN 37	146					
		<del></del>	<del></del>			
	<del></del>		<del></del>		<u> </u>	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		·	Eng.	_
	ss of Florida registered agent: (P.O. Box	NOT acceptable)		<u> </u>	292%	
Name and street addre	C T Corporation System	NOT acceptable)			2924 NOV	<u> </u>
		NOT acceptable)		·/her/h//	2921 NOV 22	
Name:	C T Corporation System  1200 South Pine Island Road	NOT acceptable)	33324	ALLAHASSI 3	2924 NOY 24 F	
Name:	C T Corporation System  1200 South Pine Island Road  Plantation	NOT acceptable)		ALLAHASSEE	292% NOY 24 PH 4	
Name:	C T Corporation System  1200 South Pine Island Road	<u> </u>		ALLAHASSEE AL	2921 NOY 24 PH 4: 41	
Name: Office Address: egistered agent's acce	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	, Floric	(Zip code)		292% NOY 24 PH 4: 45	
Name: Office Address: egistered agent's accepaying been named as r	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ptance: egistered agent and to accept service of	, Florid	la(Zip code)	d liability	2921 NO 7 24 Pil 4: 45 peompar	ny at the place
Name: Office Address: egistered agent's acceptoring been named as resignated in this applicate comply with the provis	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  plance: egistered agent and to accept service of ation, I hereby accept the appointment acions of all statutes relative to the proper	, Florid process for the above as registered agent and	la (Zip code) stated limite i agree to ac	d liability	capacity.	I further a
Name: Office Address: egistered agent's acceptoring been named as resignated in this applicate comply with the provis	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ptance: egistered agent and to accept service of attion, I hereby accept the appointment of	, Florid process for the above as registered agent and	la (Zip code) stated limite i agree to ac	d liability	capacity.	I further a
Name: Office Address: egistered agent's acceptoring been named as resignated in this applicate comply with the provis	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  plance: egistered agent and to accept service of ation, I hereby accept the appointment acions of all statutes relative to the proper	, Florid process for the above as registered agent and	la (Zip code) stated limite i agree to ac nance of my	d liability it in this o duties, a	capacity. und I am	I further a

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: Name: Brittany Harvey Name: Craig Leyers ■ Manager □ Manager Address: \_\_\_\_ 2111 Boat Factory Road Address: \_\_\_ □Member □ Member Pleasant View, TN 37146 Pleasant View, TN 37146 ☐ Authorized Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_Other □Manager Name: \_\_\_\_\_ Name: □Member Address: □Member Address: Authorized ☐ Authorized Person Person □ Other\_\_\_\_ □Other\_\_\_\_\_ □ Other\_\_\_\_\_ □Other\_\_\_\_ Name: Name: □Manager □Manager ☐ Member Address: \_\_\_\_ □Member Address: ☐ 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. 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

Brittany Harvey

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNITED STRUCTURAL SYSTEMS, 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-EIGHTH DAY OF JULY, A.D. 2024.



Authentication: 204029113

Date: 07-28-24

7265416 8300 SR# 20242698567