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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/13/2025

NAME: FLORIDA FILTRATION & SPRAY BOOTH SERVICES *WC*

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Filtration & Spray Booth Services, 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:

Lawrence M. Merlin, Esquire

Name of Person

Merlin & Associates, LLC

Firm/Company

1867 Independence Square, Suite 201

Address

Atlanta, Georgia 30338

City/State and Zip Code

lmerlin@fdmlaw.com

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

For further information concerning this matter, please call:

Lawrence M. Merlin, Esquire

770

851-9410

at (_____) _____

Name of Contact Person

Area Code

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

AFFIDAVIT OF CRAIG HOWELL

PERSONALLY APPEARED BEFORE ME, the undersigned officer, duly authorized to administer oaths, **CRAIG HOWELL**, who, after being duly sworn, stated under oath, from his personal knowledge as follows:

1.

My name is Craig Howell. I am an individual and resident of the State of Florida. I am over 18 years of age and am competent in all respects to make this Affidavit.

2.

Effective as of January 2, 2025, I sold substantially all the assets of my business, Florida Filtration & Spray Booth Services, Inc., a Florida corporation (the "Business") to Florida Filtration & Spray Booth Services, LLC, a Georgia limited liability company (the "Buyer") (such transaction hereinafter referred to as the "Sale").

3.

One of the assets of the Business sold to the Buyer pursuant to the Sale was the right to utilize the name "Florida Filtration & Spray Booth Services."

4.

The purpose of this Affidavit is to inform the Florida Secretary of State of the Sale and release of the name "Florida Filtration & Spray Booth Services" to the Buyer, and to facilitate the Buyer's filing to qualify to do business in the State of Florida as a foreign entity under the name "Florida Filtration & Spray Booth Services."

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AND
FILED

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CLERK OF THE
SOLICITOR GENERAL'S
OFFICE

FURTHER AFFIANT SAYETH NOT.

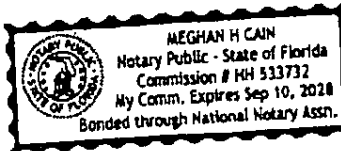


CRAIG HOWELL

Signed, sealed and delivered on this
7th day of Jan, 2025,
in the presence of:


Notary Public

[NOTARIAL SEAL]



My Commission Expires:

Sept 10 2028

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. Florida Filtration & Spray Booth Services, 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. Georgia 33-1427082
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 2, 2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 402 North "G" Street 3020 Trotters Parkway
(Street Address of Principal Office) (Mailing Address)
Lake Worth FL 33460 Alpharetta, GA 30004

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

Name: Paracorp Incorporated
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(City) (Zip code)

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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.

See Attached
(Registered agent's signature)

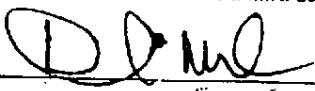
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>David Marlow</u>	<input type="checkbox"/> Manager	Name: <u>Robert Johnson</u>
<input checked="" type="checkbox"/> Member	Address: <u>3020 Trotters Parkway</u>	<input checked="" type="checkbox"/> Member	Address: <u>3020 Trotters Parkway</u>
<input type="checkbox"/> Authorized	<u>Alpharetta, GA 30004</u>	<input type="checkbox"/> Authorized	<u>Alpharetta, GA 30004</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>J.P. Uren</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3020 Trotters Parkway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Alpharetta, GA 30004</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Andrew Coleman</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>3020 Trotters Parkway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Alpharetta, GA 30004</u>	<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

David Marlow, Managing Member

 Typed or printed name of signer

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

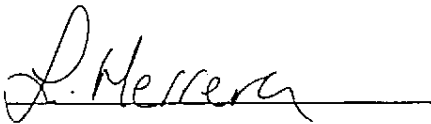
DATE: 01/13/2025

ENTITY NAME: Florida Filtration & Spray Booth Services, LLC

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 Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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

Florida Filtration & Spray Booth Services, 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 : 28326997
Date Inc/Auth/Filed: 09/30/2024
Jurisdiction : Georgia
Print Date : 01/09/2025
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State