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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2025 JUN 23 PH 5: 34

JUN 23 2025 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 06/23/2025 | |
|------------|--|----------------------------|
| Name:_ | Delijah Showers | <u> </u> |
| Referen | nce #: | |
| Entity N | ame: ARCHER EXTERIORS RE | MODELING OF PENSACOLA, LLC |
| | | |
| √ A | Articles of Incorporation/Authorizatio | n to Transact Business |
| | Amendment | |
| | Change of Agent | |
| <u></u> | Reinstatement | |
| | Conversion | |
| □ v | Merg er | |
| | Dissolution/Withdrawal | |
| □ F | Fictitious Name | |
| | Other | |
| | | |
| Authoriz | zed Amount: \$125 | |
| Signatu | re: | |

F: 800.944,6607

COVER LETTER

| TO: | | ion Section of Corporations | | | | | | |
|------------------|---------------------------------|---|--|--------------------|--------------------------|---|---|---------|
| SUBJI | ₽ <i>С</i> "Г∙ | Archer | Exteriors Rem | odelin | g of Pe | nsacola, LL | С | |
| SO Dat | ECT | | Name of I | imited | Liability (| Company | | |
| The er Existe | nclosed "App nce, and che | lication by Foreign Lim ck are submitted to regis | ited Liability Comp ster the above refere | any for need fo | Authoriza reign limit | tion to Transac ted liability con | t Business in Florida," Certificate on Supany to transact business in Florid | f a. |
| Please | return all co | rrespondence concernin | g this matter to the | followi | ig: | | | |
| | | | Ja | aime L | .ong | | | |
| | _ | | Na | inic of I | Person | | | |
| | _ | | Rosenn, Jenkir | ns & C | Greenwa | ald, L.L.P. | | |
| Firm/Company | | | | | | | | |
| | _ | | 1065 Highv | way 3 | 15, Suite | e 200 | | |
| | | | | Addre | 88 | | | |
| | _ | | Wilkes-E | Barre, | PA 187 | 02 | | |
| | | | City/St | late and | Zip Code | | | |
| | | E-mail | jlong@ address: (to be used | | w.com | report notifica | tion) | |
| For fu | rther informa | ation concerning this ma | | . 10. 101 | ur C urricur | report nonnea | , | |
| | | _ | · | | 570 | | 200 5040 | |
| | | Jaime Lon | | _ at (| | _) | 326-5642 | |
| | | Name of Contac | t Person | ŕ | Area Code | Daytime | Telephone Number | |
| | Division of Registrati P.O. Box | G ADDRESS: of Corporations on Section 6327 ee, Fl. 32314 | | | | STREET AD Division of Co Registration S Clifton Buildi 2661 Executive Tallahassee, F | orporations Section ng ve Center Circle | |
| | Please ma | is a check for the follow ke check payable to: FI 00 Filing Fee | ORIDA DEPART 130.00 Filing Fee & | : [| Ī \$155.00 | Filing Fee & | [\$160.00 Filing Fee, Certifica | ilt |
| | | | Certificate of Sta | tus | Certifi | ed Copy | of Status & Certified Copy | |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Yanga of Eurasian Lami | Archer Exteriors Remodeli ted Liability Company; must include "Limited | - | | | | |
|--|---|--------------------------------------|---------------------|----------------------|-------------------|------------|
| (Same of Foreign Eart) | ica Liability Company, must include Elimico | maomy Compan | iy, 6.6.c., | the file. | | |
| ame unavailable, enter alternate name a | dopted for the purpose of transacting business in Flori | da. The alternate nar | ne must include | "Limited Liability C | опъралу," "L,L.С. | ," or "LLC |
| | laware | , | , | 39-2292972 | 2 | |
| (Jurisdiction under the law of which for | neign limited liability company is organized) | J | | (FEI number, if a | pplicable) | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | gistration) e penalty liability) | | | - | |
| 341 Harding Highway | | 6. | 341 Harding Highway | | | |
| (Street Address of Princip | al (Hice) | 0. | (Mailing Address) | | | |
| Pittsgrove, I | NJ 08318 | | Pitts | grove, NJ C | 08318 | |
| | | | | | | 2 |
| | | | | | | |
| Same and street address of | Florida registered agent: (P.O. Box | NOT_acceptal | ole) | | | JUH 2 |
| | | | | | | ω |
| Name: | Cogency Global Inc. | | | | | |
| Office Address: | 115 North Calhoun St. Suit | e 4 | | | _: | 5: 34 |
| | Tallahassee | | , Florida | 32301 | | |
| _ | (City) | | | (Zip code) | | |

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.

John Brannan
(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: Title or Capacity: Name and Address: Archer Management, LLC Name: Archer Exteriors Enterprises, LLC Name: Manager | 341 Harding Highway 341 Harding Highway Member Address: Member | Address: Pittsgrove, NJ 08318 Pittsgrove, NJ 08318 Authorized Authorized Person Person Other Other____ Other____ i Other_ Manager Name: ______ Member Address: Member Address: []Authorized Authorized Person Person \square Other_ Other___ Other_ ___Other______ Name: _____ Manager Name: _____ 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. 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 98 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

Thomas T. Archer (Member of Archer Management, LLC)

Typed or printed name of signer

Page 1

Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "ARCHER EXTERIORS REMODELING OF
PENSACOLA, 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 TWENTIETH DAY OF
JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCHER EXTERIORS REMODELING OF PENSACOLA, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203998749

C. G. Sanchez

Date: 06-20-25

10146000 8300 SR# 20253134541