

Florida Department of State
Division of Corporations
M2S000013291

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SUPPORT@LICENSESETC.COM

RECEIVED
2025 SEP 17 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
1 Clear Choice Heat and Air, LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

FILED
2025 SEP 17 PM 12:01
TALLAHASSEE, FLORIDA

W2S000130315

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1 Clear Choice Heat and Air, 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:

Donny Duncan

Name of Person

1 Clear Choice Heat and Air, LLC

Firm/Company

73 Enterprise Dr. Suite C

Address

Pendergrass, GA 30567

City/State and Zip Code

tara@occheatandair.com

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

For further information concerning this matter, please call:

Tara Gray

470

470-208-0029

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

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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. 1 Clear Choice Heat and Air, 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 3. 92-2643051
(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. 73 Enterprise Drive 6. 73 Enterprise Dr
(Street Address of Principal Office) (Mailing Address)
Suite C Suite C
Pendergrass, GA 30567 Pendergrass, GA 30567

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

Name: Florida Registered Agent, LLC
Office Address: 7901 4th St N
St. Petersburg, FL 33702
(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.

TARA R. GRAY

(Registered agent's signature)

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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>
☒ Manager	Name: Donald L Duncan	☒ Manager	Name: Thomas H. Fleming
☐ Member	Address: 3343 Wolf Drive	☐ Member	Address: 5103 Odum Small Wood Road
☐ Authorized	Gainesville, GA 30506	☐ Authorized	Gainesville, GA 30506
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: John Gable	☐ Manager	Name: Tara Gray
☒ Member	Address: 127 Billie Dean	☐ Member	Address: 62 Buck Trl
☐ Authorized	Jefferson, GA 30549	☒ Authorized	Hoschton, GA 30548
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	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. 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.

TARA R. GRAY
Signature of an authorized person

Tara R. Gray

Typed or printed name of signer

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Control Number : 23033600

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

I, Clear Choice Heat And Air 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 : 29842713
Date Inc/Auth/Filed: 02/06/2023
Jurisdiction : Georgia
Print Date : 08/12/2025
Form Number : 211



Brad Raffensperger
Secretary of State

(((H25000282385 3)))

Florida Department of State
Division of Corporations
500 South Bronough Street
Tallahassee, FL 32399

To Whom It May Concern:

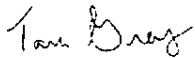
Please accept this letter as authorization for the business name **1 Clear Choice Heating and Air, LLC** to be released for use.

The original company name with Document # L25000325406 was incorrectly filed as a Florida based entity. This was an error as we meant to file the business as a foreign based entity based out of Georgia. We proceeded with voluntarily dissolving the business with Document # L25000325406 so we could proceed with re-filing as a foreign business, as we had originally intended.

You will notice that the business with Document # L25000325406 has the same officers as the business we are re-filing as a foreign business.

This should be everything that you will need in order to successfully release the name for our use. If you have any additional questions, please contact my associate Licenses Etc. at (239) 777-8321.

Thank you for your assistance,

A handwritten signature in black ink, appearing to read "Tara Gray".

Tara Gray
AR (Authorized Representative)