

5/11/22, 12:01 PM

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Division of Corporations
Florida Department of State
Division of Corporation
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To: Division of Corporations
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**Foreign Limited Liability Company
ADVANCE PULLING CABLE SERVICES, I.L.C**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

see 5/11/22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE PULLING CABLE 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

Cheyenne Moseley
Name of Person
Legalzoom.com, Inc
Firm/Company
101 N Brand Blvd 11th Fl
Address
Glendale, CA 91203
City/State and Zip Code
advancepullingcable@gmail.com
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call

Cheyenne Moseley at (800) 773-0888
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. ADVANCE PULLING CABLE 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," "LLC," or "LLC."

2. South Carolina

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

3. 81-3780760

(FED number of applicant)

4. 04/18/2022

(Date first transacted business in Florida; if prior to registration, see sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5.

(Street Address of Principal Office)

380 Misty Morning Ct.

Aiken, South Carolina 29805

6.

(Mailing Address)

PO BOX 246

Montmorenci, South Carolina 29839

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

Name:

UNITED STATES CORPORATION AGENTS, INC.

Office Address:

5575 S. Semoran Blvd., Suite 36

Orlando

(City)

Florida

32822

(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.

(Handwritten signature of Cheyenne Moseley)

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(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]:

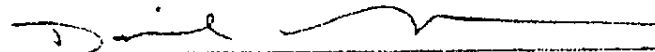
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: David Morales	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: PO BOX 246	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Aiken, South Carolina 29802	<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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 Morales

Typed or printed name of signer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

ADVANCE PULLING CABLE SERVICES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 23rd, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

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Given under my Hand and the Great Seal of the State of South Carolina this 25th day of April, 2022.

Mark Hammond
Mark Hammond, Secretary of State