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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: G & E GENERAL CON	STRUCTION INC		
Na Na	me of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation	cate of Good Stand	Authorization to Transact Business in Florida." ling" and check are submitted to register the s in Florida.	
Please return all correspondence conc	erning this matter	to the following:	
Dianisce Escalona			
***************************************	Name of F	Person	
DICAM SERVICES LLC			
	Firm/Comp	pany	
1114 THOMASVILLE RD SUITE E8			
TALLAHASSEE FL 32303	Addre	SS	
LUIS@BESTFINANCIALSERVICES.C	City/State an	d Zip code	
E-mail add	ress: (to be used fo	or future annual report notification)	
For further information concerning thi	is matter, please ca	H:	
Dianisce Escalona	850 at (815-6315	
Name of Person		Daytime Telephone Number	
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA \$\infty\$ \$70.00 Filing Fee	DEPARTMENT (DF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l	RAL CONSTRUCTION INC		
(Enter name of "Inc" "Co.," "C	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"	
G & E BEST C	HENERAL CONSTRUCTION INC		
(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting busines	s in Florida)
2. ALABAMA	82-	82-3591757	
(State or count	ry under the law of which it is incorporated) 3. (82-	(FEI number, if applicable)	
4	5.		
(Dat	e of incorporation) 5.	(Date of duration, if other than perpe	tual)
6			
	(Date first transacted business in Flo	orida, if prior to registration)	•
	(SEE SECTIONS 607.1501 & 607.1502, EART LN PENSACOLA FL 32526	r.s., to determine penany hability)	
7	(Principal office s	truot addrace)	
	(, , , , , , , , , , , , , , , , , , ,	ndorossy	
	(Current mailing ad	dress, if different)	
8. Name and stre	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)	21 VIC
Name:	LUIS RAMIREZ		4 MAY
	8800 UNIVERSITY PARKWAY STE C2		
Office Address:	JOHN CHIERATT LAKKWAT STEC2	_	တ် ကိ
	PENSACOLA	, Florida	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	(City)	(Zip code)	9
). Registered ag	ent's acceptance:		3 3

Having been named as registered agent and to accept service of process for the above stated corporation 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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

s.817.155, F.S.

Chairman	ISMAEL FLORES Name:	□Chairman	Name:
□Vice Chairman	Address: 22599 WEST BLVD	∏Vice Chairman	Address:
∐Director	SILVERHILL ALABAMA 36576	E!Director	
			·
□President		□President	
□Vice President		□Vice President	
∐Secretary	LiTreasurer	□ Secretary	∐Treasurer
□Other	□Other	□Other	Other
□Chairman	Name:	⊔Chairman	Name:
□Vice Chainnan	Address:	∐Vice Chainnan	Address:
□Director		□Director	
□President		□President	
□Vice President		El Vice President	
□Secretary	□Treasurer	□ Secretary	☐Treasurer
□Other	□Other	□Other	□Other
ПChairman	Name:	□ Chairman	Name:
ElVice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
I IVice President		UlVice President	
☐ Secretary	□Treasurer	□ Secretary	E.)Treasurer
□Other	L3Other	□Other	Other
Important Notice: U individuals may be a	se an attachment to report more than six (6). The idded to the index when filing your Florida Depa	c attachment will be imaged artment of State Annual Rep	I for reporting purposes only, Non-indexed port form.
12 osu	aff Housignature of Direct		
the officer or directe she is aware that fals	or signing this document (and who is listed in ne se information submitted in a document to the D	umber 11 above) aftirms tha epartment of State constitute	at the facts stated herein are true and that he of ses a third degree felony as provided for in

13. ISMAEL FLORES-DIRECTOR/PRESIDENT

Wes Allen Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

1, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of G & E GENERAL CONSTRUCTION INC, as received and filed in the Office of the Secretary of State on 12/18/2017.



20240507000013286

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

Wer Och

05/07/2024

Date

Wes Allen

Secretary of State