

M19000004516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

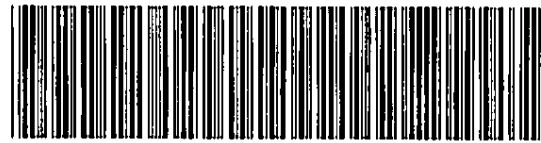
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

2019 APR 29 PM 4:40

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Y SCOTT

MAY - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN CONSTRUCTION & EXCAVATING, 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:

KELLY GORDON
Name of Person
AMERICAN CONSTRUCTION & EXCAVATING, LLC
Firm/Company
PO BOX 880
Address
CLOVERDALE, IN 46120
City/State and Zip Code
KELLY@THEACECORP.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

KELLY GORDON at (317) 442-6516
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. AMERICAN CONSTRUCTION & EXCAVATING, 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. INDIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0854591
(FEI number, if applicable)

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

5. 9165 OTIS AVE
(Street Address of Principal Office)

6. PO BOX 880
(Mailing Address)

STE 105

CLOVERDALE, IN 46120

INDIANAPOLIS, IN 46216

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

Name: LICENSE EXAM SERVICES, LLC

Office Address: 4713 WEBBER ST

SARASOTA, Florida 34232
(City) (Zip code)

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TALLAHASSEE 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.

X

Robin M. O'Connor

(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: Manager
Name and Address: Name: TIMMY DWIGHT HELTON, JR
 Address: PO BOX 880
CLOVERDALE, IN 46120
 Person _____
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: ANTHONY HELTON
 Address: PO BOX 880
CLOVERDALE, IN 46120
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

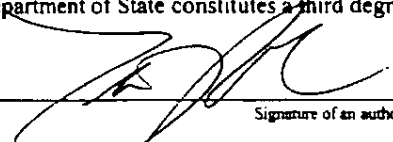
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 HALL COUNTY CLERK
 CLOVERDALE, IN

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
Timmy D. Helton Jr.

 Typed or printed name of signee

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

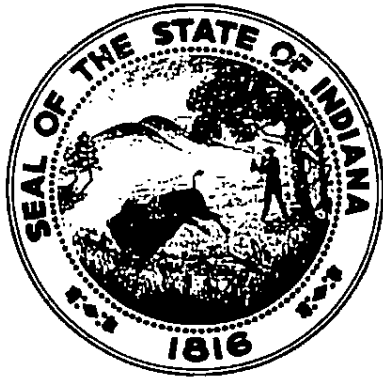
I further certify that records of this office disclose that

AMERICAN CONSTRUCTION & EXCAVATING LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 05, 2018, and was in existence or authorized to transact business in the State of Indiana on April 01, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

2019 APR 05 14:41
INDIANA SECRETARY OF STATE



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 01, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201806051261667 / 2019931958

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 01, 2019.