W220000993

(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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S. FRANKLIN
JUN 1 1 2022

COVER LETTER

TO:

Registration Section

SUBJECT:	3cStructures LLC		_	
Name of Limited Liability Company				
he enclosed Existence, and	"Application by Foreign Limited d check are submitted to register	Liability Company for Authorization to Transact Business in Florida, the above referenced foreign limited liability company to transact business.	." Certificat iness in Flo	
lease return :	all correspondence concerning th	is matter to the following:		
	Alison Klein			
		Name of Person	-	
	Insurance Complianc	e Center, LLC	~2	
		Firm/Company	2022 HAY 23	
	21 Vista Point		2	
	* 	Address		
	Savannah, GA 3140	6	PH 6	
		City/State and Zip Code	6: 08	
	alison@inscomply.con		_	
	E-mail add	ress: (to be used for future annual report notification)		
or further int	formation concerning this matter	, please call:		
Alis	son Klein	at (912) 353-7013		
	Name of Contact Pe	rson Area Code Daytime Telephone Number		
	ling Address:	Street Address:		
	istration Section	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	125.00 Filing Fee	amount: RIDA DEPARTMENT OF STATE D Filing Fee & \$155.00 Filing Fee & S160.00 Filing Fee, certificate of Status Certified Copy of Status & Certificate		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ii iqine maramore, ence ancerare t	name adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limited Liability Compar	ny," "L.L.C." or "LLC	∴")
2. Delaware	_{3.} 84-2302111			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicabl	(e)	
1				
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	r to registration.) ermine penalty liability)	2022 H. Y	
10546 Greencres	st Drive	6. 10546 Greencrest Drive	7 14	. :
(Street Address of Principal Office) (Mailing		(Mailing Address)	-4	•
Tomas El 2262	6	Tamas 51 20000	23	
Tampa, FL 3362	0	Tampa, FL 33626		. '
			. فن	•-
			8	
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	`	
Name:	Samuel Jensen			
Office Address:	10546 Greencrest Drive			
	Tampa	. Florida 33626		
	(City)	(Zin code)		

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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:
□Manager	Name: Samuel Jensen	□Manager	Name: Heath Miller
⊠Member	Address: 10546 Greencrest Drive	☑Member	Address: 7702 Cindy Lane
□Authorized	Tampa, FL 33626	□Authorized	Sachse, TX 75048
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	2072
Person		Person	2022 H/f
□Other		Other	□Other 2
			70
□Manager	Name:	□Manager	Name: 5
□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.

Samuel Jensen

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "3CSTRUCTURES 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 NINTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3CSTRUCTURES LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2019.

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Authentication: 203383194

Date: 05-09-22

7499285 8300 SR# 20221779836

You may verify this certificate online at corp.delaware.gov/authver.shtml