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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

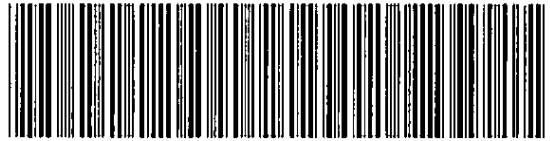
(Business Entity Name)

(Document Number)

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2024 JUL 25 AM 3:45



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southern Contracting, 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:

Joshua J. Layton  
Name of Person  
Southern Contracting, LLC  
Firm/Company  
767 Jackson Street  
Address  
Biloxi, MS 39530  
City/State and Zip Code  
jbreland@southcon.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Breland, CFO at (601) 527-1230  
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

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. Southern Contracting, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

SouthCon d.b.a. Southern Contracting, 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. State of Kansas - Business ID# 3864121
(Jurisdiction under the law of which foreign limited liability company is organized)
3. FEIN # 20-3785853
(EIN 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. 767 Jackson Street
(Street Address of Principal Office)
Biloxi, MS 39530
6. 767 Jackson Street
(Mailing Address)
Biloxi, MS 39530

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

Name: Registered Agents Inc
Office Address: 7901 4th St. N # 22193
St. Petersburg, Florida 22193
(City) (Zip code)

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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.

David Roberts
(Registered agent's signature)

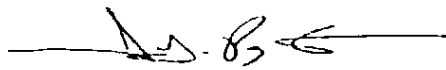
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Joshua J. Layton</u>	<input type="checkbox"/> Manager	Name: <u>Jack Breland</u>
<input checked="" type="checkbox"/> Member	Address: <u>767 Jackson Street</u>	<input type="checkbox"/> Member	Address: <u>767 Jackson Street</u>
<input type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>	<input checked="" type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <sup>Owner</sup>	<u></u>	<input checked="" type="checkbox"/> Other <sup>CFO</sup>	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Clint Cutrer</u>	<input type="checkbox"/> Manager	Name: <u>Marc Mitchell</u>
<input type="checkbox"/> Member	Address: <u>767 Jackson Street</u>	<input type="checkbox"/> Member	Address: <u>767 Jackson Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>	<input checked="" type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Tommy Whalen</u>	<input type="checkbox"/> Manager	Name: <u>Josh Ozment</u>
<input type="checkbox"/> Member	Address: <u>767 Jackson Street</u>	<input type="checkbox"/> Member	Address: <u>767 Jackson Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>	<input checked="" type="checkbox"/> Authorized	<u>Biloxi, MS 39530</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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

Joshua J. Layton

Typed or printed name of signer

STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 3864121

Business Name: SOUTHERN CONTRACTING, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on November 21, 2005, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:  
I affix my official certification seal.  
Done at the City of Topeka,  
on this day July 15, 2024.

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE