

To:

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2025-10-03 13:08:32 CDT

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From: Pensacola PNS Main

L16000181827

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: robert.jones@gray-robinson.com

RECEIVED

2025 OCT -3 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RJ GORMAN CONTRACTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJ GORMAN CONTRACTING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT L. JONES, III

Name of Person

GRAYROBINSON, P.A.

Firm/Company

601 SOUTH PALAFOX STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

ROBERT.JONES@GRAY-ROBINSON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. JONES, III

448

239-6032

at ()

Name of 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

CR2E138 (2/14)

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: RJ GORMAN CONTRACTING, LLC

SECOND: The Florida Document Number of the limited liability company is: L16000187827

THIRD: The street address of the limited liability company's principal office is:

1944 FRANKFORD AVENUE

PANAMA CITY, FL 32405

The mailing address of the limited liability company's principal office is:

1944 FRANKFORD AVENUE

PANAMA CITY, FL 32405

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

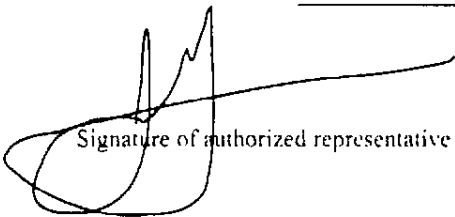
a. Granted to: JUSTIN GORMAN, JARED GORMAN, KRISTINE BRYANT,
AND JACOB GORMAN

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JUSTIN GORMAN, JARED GORMAN, KRISTINE
BRYANT, AND JACOB GORMAN

b. No authority granted to: N/A


Signature of authorized representative

Robert Justin Gorman

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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