M09000001492

(Requ	estor's Name)	
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Busir	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

Office Use Only



200150861582

04/21/09--01032--017 **130.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 2 2009

EXAMINER

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:		
	(Name of Li	mited Liability Company)
Florida," Ce		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return	n all correspondence concerning this	matter to the following:
	RENAY MOYA	
	(1)	lame of Person)
	CLSI	
	(F	irm/Company)
	2716 GARNER RD SW	
		(Address)
	ALBUQUERQUE, NM 87	105
	(City/S	State and Zip Code)
For further i	nformation concerning this matter, p	lease call:
REI	NAY MOYA	at (505) 452-8311
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAI	LING ADDRESS:	STREET ADDRESS:
	sion of Corporations	Division of Corporations
	Box 6327	Clifton Building
rana	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \(\subseteq \frac{130.00}{25.00} \) Filing Fee & Certificate (

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRO-FORM CONSTRUCTION LLC (Name of Foreign Limited Liability Company; must include	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company, "L.L.C.," "LLC.")	
2. ALABAMA 3.	75-3218954
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 8/5/2005	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability) APR OPE
7. 107 NICOLE PLACE	PR CRET
DAPHNE AL 36526	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	Principal Office) Ompany, check here
9. The name and usual business addresses of the manag	- 5
1/2:0 4/Q C 3/1000 101	DICOLU PLACE, DAPHNE AT 30026
10. Attached is an original certificate of existence, no more than 90 day	vs ald duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is	s not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitt	ted.)
11. Nature of business or purposes to be conducted or p	romoted in Florida:
CONSTRUCTION CONTRACTING	
	orized representative of a member.
(In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	
RONALD JACKSON	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FEORIDA.	
1. The name of the Limited Liability Company is:	
PRO-FORM CONSTRUCTION LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
CAPITOL CORPORATE SERVICES, INC.	
(Name)	
155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Delanie Case, asst. pec (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Pro-Form Construction LLC organized in the office of the Judge of Probate of Baldwin County on August 5, 2005. I further certify that the records do not disclose that said Pro-Form Construction LLC has been dissolved.



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.

April 15, 2009

Date

Beth Chapman 1/10

Beth Chapman

Secretary of State