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(F	Requestor's Name)	<u> </u>
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	·
([Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
'		:
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Office Use Only



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COVER LETTER

Division of Corporations	
Sebecei:	AL CONTRACTORS, LLC
Name of Foreign	1 Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Eric Brown or Joshua Brown	า
Name of Person	
D. BROWN GENERAL CONTRACT	rors, llc
Firm/Company	
2430 VANDERBILT BEACH ROAD, STE. 1	08, PMB 402
Address	
NAPLES, FL 34109	
City/State and Zip Code	 _
info@dbrowngc.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, p	
	at (407) 210-6622
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
		2018 D SECF TA
Enter new mailing address, if applicable: (Mailing address		
MAY BE A POST OFFICE BOX)		<u> </u>
		- 300 3
2. The Florida document number of this limited lie	ability company is: M1000001116	12: t
3. Jurisdiction of its organization: Delaware		· E 2
 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 03 	/09/2010	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (mus	st contain "Limited Liability Company," "L.L.	C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the alternate name.	rida and attach a The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the namiddress here:	ne of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street Addres	S.
	, Florida _	Zip Code
	$\langle m \rangle$	zip Coae

itle/ Capacity	Name	Address	Type of Actio
MGR ,	IGR Joshua Brown	2430 VANDERBILT BEACH ROAD, STE. 108, PMB 402	
		NAPLES, FL 34109	
 -		 	TALL ESPONE FORE
			Remo
			☐ Remo
			Add
			Remo
 .			Add
			Remo

Filing Fee: \$25.00



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

DELAWARE, DO HEREBY CERTIFY "D. BROWN GENERAL CONTRACTORS, 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 TENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "D. BROWN GENERAL CONTRACTORS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D. BROWN GENERAL CONTRACTORS, LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204179719

Date: 12-10-19

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