11/14/00/00/4576

(Requestor's Name)
(Address)
(Address)
(last sass)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 27 2014
A. LUNT
W13-66700

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December 5, 2013

CHARLES S. LIBERIS 212 W. INTENDENCIA ST. PENSACOLA, FL 32502

SUBJECT: OTTO WALLACE CONSTRUCTION, LLC

Ref. Number: W13000066700

We have received your document for OTTO WALLACE CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 613A00027775

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

Otto Wallace Construction, 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:

Transportation and activation and activation and the state of the stat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Charles S. Liberis		
Nam	e of Person	
Liberis Law Firm		
Firm	/Company	
212 W. Intendencia S	St.	
A	Address	
Pensacola, FL 32502	2	
City/State	e and Zip Code	
registeredagent@libe	rislaw.d	com
E-mail address: (to be used for	or future annual	report notification)
For further information concerning this matter, please call:		
Cathy Reynolds	850	438-9647

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

			A 1	A 11 .	
Enclo	sed to a	a check	tor the	fallowing	amount

□ \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Otto Wallace Construction, LLC (Name of Foreign Limited Liability Company; must include	
consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)
4 5. (Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. a	ida, if prior to registration.) to determine penalty liability)
7. 1090 Daffin Road Molino, FL 32577	f Principal Office)
 8. If limited liability company is a manager-managed of 9. The name and usual business addresses of the mana Otto Wallace, 1090 Daffin Rd., Molin 	ging members or managers are as follows:
 10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn 11. Nature of business or purposes to be conducted or and any lawful business 	nitted.)
<u> </u>	horized representative of a member. tion of this document constitutes an affirmation under the

Typed or printed name of signee

Otto A. Wallace

penalties of perjury that the facts stated herein are true. 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.)

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.

	of the Limited Liability Company is:	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	2814.3
	Charles S. Liberis	LANCE TIL
	(Name)	ന്നു പ്ര വ
	212 W. Intendencia St.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 교육
	Pensacola FL 32502	

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.

(Signature)

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

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Otto Wallace Construction, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 19, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000654204**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of November, 2013 at 2:49 PM. This certificate is assigned 014705719.



May Maffield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.