# M15000001601

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duninga Entity Name)				
(Business Entity Name)				
(Document Number)				
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: GULF CUAST STYCED CLC  Name of Limited Liability Company
The er Existe	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	SAMMY WIDEROW Name of Person
	SAMMY WIDEROW Name of Person  AMERICAN & ACCOUNTING  Firm/Company
	Firm/Company
	10 Bux 311 Address
	Address
	10107 11 36534 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
	SAMBY MORROW at (251) 943-1691  Name of Contact 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
Enc	losed is a check for the following amount:  \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ \$\\$130.00\$ Filing Fee & \$\Bigsiz\$ \$\Bigsiz\$ \$\Bigsiz\$ Certified Copy \$\Bigsiz\$ Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2015

SAMMY MORRON PO BOX 311 **FOLEY, AL 36536** 

SUBJECT: GULF COAST STUCCO LLC

Ref. Number: W15000011140

We have received your document for GULF COAST STUCCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Tim Burch Regulatory Specialist II Letter Number: 815A00003191

### 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. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
JR GULF COAST STUCIO ILC
TR GULF COAST STILL COME (If name unavailable, emer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company:" "LL. C. Por Will C.")
2. <u>SAMUN 23</u> , <u>BAMA</u> 3. 46-3396, 294  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. JHERSON ROJAS
1100 N PINE SI FOLEY AL 36535 (Street Address of Principal Office)
6.
Sn mu AS Alop VE STATE (Mailing Address)
CO. T. TARREST
7. The name title or capacity and address of the person(s) who has/have authority to manage is/are:
I HERSON ROJAS - OWNER STED
FULLY AL 36535
8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
Signature of an authorized person  (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, 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.)
Typed or printed name of signer
Typed or printed name of cianea

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:					
GULF COAST STUCCO LIC					
If unavailable, the alternate to be used in the state of Florida is:					
Jr Gulf Coast Stucio LLC			,		
2. The name and the Florida street address of the registered agent and office are:					
JHERSON ROJAS (Name)	SEURE	15 FEB -			
	KAKY :	$\sim$	1-10 passage		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	F- (/)	PM 1: 06			
PENSACULA FL 32506 City/State/Zip	TATE ORIDA	90			

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 605, Florida Statutes.

Meno Lojas (Signature)

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

Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

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

the entity records on file in this office disclose that Gulf Coast Stucco, LLC was formed in Baldwin County, Alabama on August 13, 2013. The Alabama Entity Identification number for this entity is 285-090. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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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.

11/20/2014

**Date** 

di sum

Jim Bennett

Secretary of State