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COVER LETTER

		tion Section of Corporations					
SUBJECT	FAS	ANELLI CONS	TRUCTION, LLC				
SUBJEC	1.	Name of Limited Liability Company					
The enclo Existence,	sed "Ap	plication by Fore ck are submitted	ign Limited Liability Comp to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ness in Florida
Please ret	urn all c	orrespondence co	ncerning this matter to the	following:			
		Adam O. Kirwai	ı				
			N	ame of Person			,
		KLF Manageme	nt Services, LLC				
	Firm/Company						,
	301 N. Ferncreek Ave., Suite C						
	Address						
		Orlando, FL 328	603				
			City/S	tate and Zip Code		·	,
,	a	dam@kirwanlaw	firm.com				:
			E-mail address: (to be used	for future annual	report not	ification)	-
For furthe	er inform	ation concerning	this matter, please call:				
	Adam O	. Kirwan		407 at (210-662	22	
_		Name of	Contact Person	Area Code	Day	time Telephone Number	
I !	Division Registrat P.O. Box	of Corporations ion Section 6 6327 see, FL 32314		·	Division of Registrati Clifton Board 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		ck for the following the following Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filir Certified Copy	_	□ \$160.00 Filing Fee, Co of Status & Certified Co	

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:

name unavailable, enter all ability Company," "L.L.C,"			acting business in Florida. The alternate n	name must include "Limited
Delaware		3.	7-1594921	
Jurisdiction under the law company is organized)	of which foreign limited liability	_	(FEI number, if applicab	ole)
	(Date first transacted busin	ess in Flo	ida if prior to registration.)	<u> </u>
	·	.0905, F.	ida, if prior to registration.) S. to determine penalty liability)	
4355 Cobb Parkway St	uite 532			
Atlanta, GA 30339				
	(Street Address of	Principal	Office)	_
301 N. Ferncreek Ave.,	, Suite C			
Orlando, FL 32803				
	(Mailing	Address)		
Name and street addres	ss of Florida registered agent: (P	O. Box	NOT acceptable)	
Name	KLF Management Services, L	LC		3 21 21 21 21 21 21 21 21 21 21 21 21 21
Name:				
Office Address:	301 N. Ferncreek Ave., Suite (L		F SA
011.001.1001.000				
011100110007	Orlando		, Florida 32803	2015 JEH 26
egistered agent's accep	(City)	mias of n	, Florida 32803 (Zip code)	लिस य
egistered agent's accep aving been named as re is application, I hereby th the provisions of all :	(City) tance: gistered agent and to accept ser accept the appointment as regis	stered ag	, Florida 32803 (Zip code) rocess for the above stated corporati ent and agree to act in this capacity. ete performance of my duties, and I	ion at the place designate I further agree to comp
egistered agent's accep aving been named as re is application, I hereby th the provisions of all :	(City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper di ition as registered agent	stered ag	(Zip code) rocess for the above stated corporati ent and agree to act in this capacity.	ion at the place designate I further agree to comp
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egistered agent's acceptive aving been named as resisted application, I hereby that the provisions of all the obligations of my positions. The name, title or captile. The name, title or captile. The name, and the control of the captile. The name, title or captile.	(City) tance: gistered agent and to accept ser accept the appointment as regis statutes relative to the proper a ition as registered agent (Regis acity and address of the person(s	stered ag nd compl stered age	(Zip code) rocess for the above stated corporati ent and agree to act in this capacity. ete performance of my duties, and I	ion at the place designate I further agree to comp

(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. 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.)

Adam O. Kirwan			
	Typed or printed name of signee		

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "FASANELLI CONSTRUCTION, 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 TWENTY-SECOND DAY OF JUNE, A.D.

2015.

5578727 8300

150954119

DATE: 06-22-15

AUTHENTICATION: 2488722