

1/14/2016

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Division of Corporations

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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## To:

Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244

Fax Number : (813)932-3782

**\*\*Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.**

Email Address: info@activatemylicense.com

**Foreign Limited Liability Company**  
**PROFESSIONAL GENERAL CONTRACTORS OF SOUTHWEST**  
**FL**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JAN 15 2016

J SHIVERS

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PROFESSIONAL GENERAL CONTRACTORS, 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:

JESSICA BROWNING

\_\_\_\_\_  
Name of Person

CONTRACTORS REPORTING SERVICES INC

\_\_\_\_\_  
Firm/Company

13795 N NEBRASKA AVE

\_\_\_\_\_  
Address

TAMPA, FL 33613

\_\_\_\_\_  
City/State and Zip Code

INFO@ACTIVATEMYLICENSE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA BROWNING

813

932-5244 X104

at ( )

\_\_\_\_\_  
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

Enclosed is a check for the following 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

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**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. PROFESSIONAL GENERAL CONTRACTORS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

PROFESSIONAL GENERAL CONTRACTORS OF SOUTHWEST FL, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. VIRGINIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5595959

(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. 102 SHELDON STMANASSAS, VA 20111

(Street Address of Principal Office)

6. 102 SHELDON STMANASSAS, VA 20111

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CONTRACTORS REPORTING SERVICES INCOffice Address: 13795 N NEBRASKA AVETAMPA

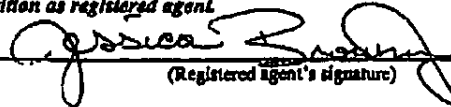
(City)

. Florida 33613

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

GUSTAVO AVILA; MGRM102 SHELDON STMANASSAS, VA 20111

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

GUSTAVO AVILA

Typed or printed name of signer

FILED  
16 JAN 14 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That PROFESSIONAL GENERAL CONTRACTORS, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 7, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED  
16 JAN 14 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Signed and Sealed at Richmond on this Date:*  
*January 14, 2016*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission