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S. YOUNG

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SECRETARY OF STATE

#### **COVER LETTER**

	istration Section sion of Corporation	ons				
	Tampa Contracting					
SUBJECT:		Name of	Limited Liability	Company		_
		oreign Limited Liability Com ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Jon A. Bragal	one				
		N	lame of Person			-
	Carson Boxbe	erger LLP				
	Firm/Company					
	301 W. Jefferson Blvd., Ste 200					
			Address		· · · · · · · · · · · · · · · · · · ·	- ::::::::::::::::::::::::::::::::::::
	Fort Wayne, I	n 46802				COTTON SEEL THE STATE OF THE ST
		City/S	State and Zip Code			
	bragalone@cars	sonboxberger.com				(a) (b)
		E-mail address: (to be use	d for future annua	report not	tification)	
For further int	formation concerning	ng this matter, please call:				SEE, I LO
Jon .	A. Bragalone		260 at (	423-94	11	
	Name	of Contact Person	Area Code	Day	time Telephone Number	-
Divis Regi P.O.	LING ADDRESS sion of Corporation stration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, C 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:

, Tampa Contracting, LL	LC		
1.		"Limited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter al Liability Company," "L.L.C.	Iternate name adopted for the purpose of trans " or "LLC.")	acting business in Florida. The alternate name i	must include "Limited
2. Indiana	, ÷	31-2721962	
	of which foreign limited liability	(FEI number, if applicable)	
4. July 2016			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.)	
5			
15373 Roosevelt Blvd.			
	(Street Address of Principal	Office)	-1
6. Clearwater, FL, 33760			
15373 Roosevelt Blvd.	Suite 203, Clearwater FL, 33760		
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	a High
Name:	Shad Turner		18 JULY 13 PH 4: 31
Office Address:	11501 Columbia Park Drive W. Ste. 20-	1	المَّنِيُّ فِي الْمُعَالِمُ الْمُعَالِمُ الْمُعَالِمُ الْمُعَالِمُ الْمُعَالِمُ الْمُعَالِمُ الْمُعَالِمُ الْم
	Jacksonville	, Florida 32258	.*
Registered agent's accep	(City)	(Zip code)	
designated in this applicate to complywith the provision	tion, I hereby accept the appointment as	rocess for the above stated limited liability registered agent and agree to act in this c nd complete performance of my duties, a	apacity. I further agree
	(Registered agen	t's signature)	
8. The name, title or capa	icity and address of the person(s) who has	/have authority to manage is/are:	
Shad Turner, General Mar		,	
9. Attached is a certificate	of existence, no more than 90 days old, d	uly authenticated by the official having cus	tody of records in the
jurisdiction under the law of the translator must be su		is in a foreign language, a translation of th	e certificate under oath
	m A. Karalane		
	Signature of an auth	norized person	
This document is executed submitted in a document to	in accordance with section 005.0203 (1)	(b), Florida Statutes. I am aware that any fa d degree felony as provided for in s.817.15	lse information
	Jon A. Bragalone	a augree reiong as provided for in 5.0 (1.15)	

Typed or printed name of signee

## State of Indiana Office of the Secretary of State

Certificate of Organization of

#### TAMPA CONTRACTING, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW. THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 17, 2016.



In Witness: Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 18, 2016

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

201605171141822 / 7318251

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch