

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LICENSES ETC INC

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: (877)275-3593 Fax Number

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Email Address: ETC@LICENSESETC.COM

Foreign Limited Liability Company **CULBERTSON CONTRACTORS, LLC**

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Certificate of Status	1	
Certified Copy	1	
Page Count	05	
Estimated Charge	\$160.00	

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S. YOUNG

2016 AUG 18

From: Licenses Etc.

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COVER LETTER								
	ation Section 1 of Corporation	18						
SUBJECT: Cu	lbertson Cont	tractors, LLC					_	
		Name of	Limited L	inbility (Company		-	
Existence, and cl	neck are submitte	reign Limited Liability Comp d to register the above refer	enced fore	ign limit				
Please return all	correspondence (concerning this matter to the	following	:				
	Lisa Adam:	5						
		N	ame of Pe	rson			•	
	Licenses, E	tc.						٠ د
Firm/Company				- 66 F				
886 110th Ave. N., Suite #6					AUG 18			
	Address						14-C	
	Naples, FL	24108					AM IO: OI	cos
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•	etc@licen	sesetc.com E-mail address: (to be use	d for futur	e annual	report no	(ification)	-	
For further infor	nation concerniu	g this matter, please call.			•	,		
TO THINK! INTO!!	nation concerns	g ma matter, protise curr						
_ Lisa #	Adams		at (239	_)	777-8321	_	
	Name o	of Contact Person	Ar	ea Code	Day	time Telephone Number		
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ix 6327 ssee, FL 32314	='			Division Registrat Clifton E 2661 Exe	r ADDRESS: of Corporations non Section duilding ecutive Center Circle sec, FL 32301		
Enclosed is a che	eck for the follow .00 Filing Fee	cing amount: \$\square\$ \$\square\$ 130 00 Filing Fee & Certificate of Status		5 00 Filir ed Copy	ig Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co		

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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. Culbertson Contraction (Name of Force	ctors, LLC ign Limited Liability Company; must include	'Limited Liability Company," "L.1	L.C.," or "LLC.")
Afragan amonilable natural	and the second s	Nine by inserting the did of the alea	and a second second
Liability Company," "L.I.C,"	ernate name adopted for the purpose of transa for "LLC.")	cang business in Piorida. The anei	riate name must include Tambett
2. Mississippi	3	63-1165948	
(Jurisdiction under the law e company is organized)	of which foreign limited hability	(FEI number, if ap	pplicable)
4. Date of filing	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F.S.	da, if prior to registration.)	
	(See sections 605,0904 & 605,0905, F.S.	to determine penalty liability)	7016
5. 764 Hwy 84 W.			一 ま 行
Brookhaven, MS 3			
6. 764 Hwy 84 W.	(Street Address of Principal C	(flice)	B AUG 18 AM IO: OF
6. 704 HWY 84 W.			
Brookhaven, MS 3	9601		
	(Mailing Address)		9 93
7. Name and street address	s of Florida registered agent: (P.O. Box.)	NOT acceptable)	7 2
Name:	Cynthia Denim	<u> </u>	
Office Address:	17 Port of Call		
•	Miromar Beach	, Florida 3255	0
Registered agent's accept	(City)	(Zip)	code)
Having been named as reg designated in this applicat to complywith the provisio	gistered agent and to accept service of pr ion, I hereby accept the appointment as ons of all statutes relative to the proper at ny position as registered agent.	registered agent and agree to a	act in this capacity. I further agree
	Conthis Inn	verpur .	
	(Registered agent		
8. The name, title or capa	city and address of the person(s) who has:	have authority to manage is/ard	e :
Jay Culbertson - AMB	IR		
764 Hwy 84 W.			
Brookhaven, MS 390	1		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, du of which it is organized. (If the certificate abmitted)	tly authenticated by the official is in a foreign language, a trans	having custody of records in the slation of the certificate under oath
	Oay Cult	exhat i	
	Signature of an auth	orized person	
	in accordance with section 605.0203 (1) (the Department of State constitutes a third		
	Jay Culbertso	n	
	Typed or printed nan	ne af signee	

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DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

l, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

CULBERTSON CONTRACTORS, LLC

Registered the 20th day of June, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

764 Highway 84 West Brookhaven, MS 39601

And that the registered agent at that address is:

Culbertson, Jay M.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 17th day of August, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16027087

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

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