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 09-16-2016 11:11 a.m. 09-16-2016 1/5  
 (H16000007380)

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 : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 866-2689

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

Email Address: managedreports@incorp.com

Foreign Limited Liability Company  
 L Squared Construction LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2016 SEP 16 A 9:57

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

(H16000229747 3)

(H16000229747 3)



September 16, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CATRINA VILLEGAS

SUBJECT: ~~E SQUARED CONSTRUCTION LLC~~  
REF: W16000064152

Corrected \*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ ~~The registered agent must sign accepting the designation.~~

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H16000229747  
Letter Number: 616A00019859

P.O BOX 6327 - Tallahassee, Florida 32314 (H16000229747 3)

512507

(Hilwood 17473)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: L Squared Construction 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:

Catrina Villegas

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

InCorp Services, Inc.

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

3773 Howard Hughes Pkwy · Suite 500s

\_\_\_\_\_  
Address

Las Vegas, NV 89169-6014

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

managedreports@incorp.com

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

For further information concerning this matter, please call:

Catrina Villegas on behalf of InCorp Services, Inc.

702-866-2500

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

at (\_\_\_\_\_) \_\_\_\_\_  
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

(Hilwood 17473)

**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. L Squared LLC**

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

**L Squared Construction LLC**

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

**2. Tennessee**

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

**3. 46-5104679**

(FEI number, if applicable)

**4. Upon Registration**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 4840 Geminus Dr., Suite 102**

**Chattanooga TN 37416**  
(Street Address of Principal Office)

**6. 4840 Geminus Dr., Suite 102**

**Chattanooga TN 37416**  
(Mailing Address)

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

**Loxahatchee**, Florida **33470**  
(City) (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)

Catrina Villegas on behalf of InCorp Services, Inc.

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

**BARC, LLC Manager 5375 Kietzke Ln., Floor 2 Reno NV 89511**

**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.817.153, F.S.

**Adam Levitt**

Typed or printed name of signer

(H16000227473)



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
 Division of Business Services  
 William R. Snodgrass Tower  
 312 Rosa L. Parks AVE, 6th FL  
 Nashville, TN 37243-1102

**INCorp SERVICES, INC.**  
 PROCESSING DEPT.  
 SUITE 500S  
 3773 HOWARD HUGHES PKWY  
 LAS VEGAS, NV 89169

September 15, 2016

**Request Type: Certificate of Existence/Authorization**  
**Request #: 0214287**

**Issuance Date: 09/15/2016**  
**Copies Requested: 1**

**Document Receipt**

**Receipt #: 002889834** **Filing Fee: \$20.00**  
**Payment-Credit Card - State Payment Center - CC #: 3683600559** **\$20.00**

**Regarding: L Squared LLC**  
**Filing Type: Limited Liability Company - Domestic** **Control #: 751044**  
**Formation/Qualification Date: 03/16/2014** **Date Formed: 03/16/2014**  
**Status: Active** **Formation Locale: TENNESSEE**  
**Duration Term: Perpetual** **Inactive Date:**  
**Business County: HAMILTON COUNTY**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**L Squared LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*

Tre Hargett  
 Secretary of State

Processed By: Cert Web User

Verification #: 019017421