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' <u></u> то:	Division of Corporations Fax Number : (850)617-638	3	1
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Electronic Filing Menu Corporate Filing Menu

Help

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# **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

Ducky Recovery LLC

SUBJECT:

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel McKearan

Name of Person

**Ducky Recovery LLC** 

Firm/Company

5194 Hwy 90

Address

Marianna, FL 32446

City/State and Zip Code

dann@duckyjohnson.com

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

For further informati Doris Delgado	ion concerning this matter, pl	case cail: 908 nt ( )	783-485	54
Nam	e of Person		k Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount: \$30 Filing Fee & Certificate of Status	Certified	-	\$60 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of Ducky Johnson Home Elevation LLC

State:	5194 Hwy 90			
•••	Marianna, FL 32446			
( <u>Principal office address</u> <u>MUST BB A STREKT ADDRBSS</u> )				
Enter new malling address, if applicable:	PO Box 23741	12		
( <u>Malling address</u> <u>MAX BE A POST OFFICE BOX</u> )	New Orleans, LA 70183			
2. The Florida document number of this limited li	M1700000 ability company is:	9831		
3. Jurisdiction of its organization:Louisi				
4. Date authorized to do business in Florida:	/17/2017			
5 New same of the limited lightlity company.	Ducky Recovery LLC	IPANY, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the alt	usiness in Florida and attach a ernate name. The alternate name		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red afficer address on our records address here:	, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	Street Address		
	, Florida			
	City	Zip Code		
<u>New Registered Agent's Signature. if changing R</u> I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of t	ent and agree to act in this capac r and complete performance of m stered agent as provided for in Cl e in the registered office address,	y duties, and I am familiar with hapter 605, F.S. Or, if this		

If Changing Registered Agent, Signature of New Registered Agent

• I

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Manager	Andrew Sachs	5333 River Road, Suite D, Harahan, LA 7012	13 Add
			Remove
			Remove
			Add
			Remove
			Add
		·	Remove
aforemention	certificate, if required: no more than ed amendment(s), duly authenticated nder the law of which this entity is a	d by the official having custody of records in the	2
	Signature	e of the authorized representative	
	Daniel McKearan		
	Typed or	printed name of signee	

Filing Fee: \$25.00



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A LOUISIANA LIMITED LIABILITY COMPANY UNDER THE NAME OF "DUCKY JOHNSON HOME ELEVATION LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2017, AT 12:40 O'CLOCK P.M.



6673554 8100V SR# 20192176855

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202493283 Date: 03-21-19

### .PHELPS DUNBAR LLP 225-381-9197 2017/12/21 11:39:41 4 /5

Stata of Delaware Secretary ef. Siata Dichiers: of Corporations Different 12:148 PM 12-21/2017 FILED 12:00 PM 12-21/2017 SR. 20177714203 - Vile Number 6673554

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#### STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY

The undersigned, for the purpose of converting Ducky Johnson Home Elevation LLC (the "Limited Liability Company") from a Louisiana limited liability company to a Delaware limited liability company pursuant to the Delaware Limited Liability Company Act (6 Del. C. §18-214) hereby certifies as follows:

FIRST: The jurisdiction where the Non-Delaware Limited Liability Company was first formed is Louisians.

SECOND: The date the Non-Delaware Limited Liability Company was first formed is March 5, 2013.

THIRD: The name and type of entity of the Non-Delaware Limited Hability Company immediately prior to the filing this Certificate of Conversion is Dicky Johnson Home Elevation LLC, a Louisidin limited highlity company.

FOURTH: The name of the Limited Liability Company as set forth in the Certificate of Formation is Ducky Johnson Home Elevation LLC.

IN WITNESS WHEREOF, the understighted has executed this Certificate of Conversion this 21 day of December, 2017.

eKenran, Authorized Person

PD.22864715.1

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Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "DUCKY JOHNSON HOME ELEVATION LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2017, AT 12:40 O'CLOCK P.M.





Authentication: 202493284 Date: 03-21-19

6673554 8100 SR# 20192176855

You may verify this certificate online at corp.delaware.gov/authver.shtml

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### STATE OF DELAWARE CERTIFICATE OF FORMATION OF

### DUCKY JOHNSON HOME ELEVATION LLC

The undersigned, as an authorized person, hereby forms a limited liability company (the "Company") pursuant to the Delaware Limited Liability Company Act (6 Del. C. §18-201 et seq.) by filing this Certificate of Formation:

FIRST: The name of the Company is Ducky Johnson Home Blevation LLC.

SECOND: The address of the Company's registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, County of New Castle, Wilmington, 19801. The name of the Company's Registered Agent as such address is The Corporation Trust Company.

DV WITNESS WHEREOF, the undersigned has executed this Certificate of Pormation this 21 day of December, 2017.

P. McKearan, Authorized Person.

PD.22563011.1

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Kim Tadlock 8004323622

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DUCKY JOHNSON HOME ELEVATION LLC", CHANGING ITS NAME FROM "DUCKY JOHNSON HOME ELEVATION LLC" TO "DUCKY RECOVERY LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2018, AT 6:03 O'CLOCK P.M.



YMSIC,

Authentication: 202493282 Date: 03-21-19

6673554 8100 SR# 20192176855

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delxiwiru Secritary of State Division of Corporations Diliviumd 06:03 PM 12/19/2018 FILED 06:03 PM 12/19/2018 SR 20128268099 - His Number 6673554

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. Name of Limited Liability Company: Ducky Johnson Home Elevation LLC
- The Certificate of Formation of the limited liability company is hereby amended as follows;



Name Daniel McKearan

Print or Type