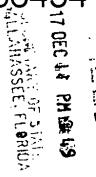
117000010527

(D-		
(Re	questor's Name)	
(Ad	dress)	
•		
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
(50	Siness Entity Ival	ne,
		
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	
<u> </u>		

Office Use Only



400306436434



12/12/17--01007--004 **180.00



DEC 13 2017 Y SULKER

COVER LETTER

	Registration Section Division of Corporatio	ns				.
eunue	TripTek Construction	on LLC				
SUBJEC	-1:	Name of	Limited Liability (Company	-	
					unsact Business in Florida," Ce y company to transact business	
Please re	eturn all correspondence	concerning this matter to the	following:			
	Miles Smith					
		N'	ame of Person		-	
	TripTek Const	ruction				
		F	irm/Company			
	50 West Sunse	t Drive				
			Address			
	Atmore Alabar	ma 36502				
		City/S	tate and Zip Code			
	miles@tripteklle	.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For furth	er information concernir	ng this matter, please call:				
	Robin Palmeri		251 at (213-825	57	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	l is a check for the follow S125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ıg Fee &	■ \$160.00 Filing Fee, Certifof Status & Certified Copy	ficate

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:

	iume adopted for the purpose of transacting business i		Liability Company," "L.E.C," or "LLC,")
2. Escambia Alabama (Jurisdiction under the law of w	hich toreign limited liability company is organized)	3. <u>82-1379895</u>	umber, if applicable)
1. none	(Date first transacted business in Florida, if pric	or to registration)	
50 W C D /	(See sections 605,0904 & 605 0905, F.S. to de		
5. 50 West Sunset Drive (Street Address of	Principal Office)	6. 50 West Sunset Drive	Address)
Atmore Alabama 3650	2	Atmore Alabama 36502	
7. Name and street addre	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	
Name:	Steven Johnson		7 0
Office Address:	7100 Hwy 97		OEC.
	Walnut Hill	, Florida 32568	(4)
Having been named as re lesignated in this applica to comply with the provis	Cay) Stance: Stance	of process for the above stated liming the stated liming the stated liming the stated agree to describe the stated agree the stated agree to describe the stated agree to describe the stated agree the stated agree to describe the stated agree the stated agre	ted liability composity at the place
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap.	stance: egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who	of process for the above stated liming as registered agent and agree to a per and complete performance of ment's signature) o has/have authority to manage is/are	ted liability composity at the place act in this was active of further ag sy duties, and I am gamiliar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap. Title or Capacity:	otance: registered agent and to accept service registered agent and to accept service region, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	ted liability composity at the place act in this repactive further ag by duties, and I addamiliar with Mame and Address:
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap.	otance: egistered agent and to accept service etion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Miles Smith	of process for the above stated liming as registered agent and agree to a per and complete performance of ment's signature) o has/have authority to manage is/are	ted liability composity at the place act in this Engacity further ag by duties, and I and amiliar with the second
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity:	otance: registered agent and to accept service registered agent and to accept service region, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	ted liability composity at the place act in this repactive further ag by duties, and I addamiliar with Mame and Address:
Having been named as rulesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity: Secretary	otance: tegistered agent and to accept service tion, I hereby accept the appointment tions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Miles Smith 50 West Sunset Dr. Atmore Al. 36502	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	red liability company at the place act in this Engacity further ag by duties, and I and amiliar with the second se
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity:	stance: egistered agent and to accept service etion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered agent. Atmore Al. 36502 Josh Martin 50 Sest Sunset Dr.	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	red liability company at the place act in this Engacity further ag by duties, and I and amiliar with the second se
Having been named as rulesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity: Secretary	otance: egistered agent and to accept service etion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent. (Registered age acity and address of the person(s) who Name and Address: Miles Smith 50 West Sunset Dr. Atmore Al. 36502 Josh Martin	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	red liability company at the place act in this Engacity further ag by duties, and I and amiliar with the second se
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity: Secretary President	otance: tegistered agent and to accept service tion, I hereby accept the appointment tions of all statutes relative to the pro s of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: Miles Smith 50 West Sunset Dr. Atmore Al. 36502 Josh Martin 50 Sest Sunset Dr. Atmore AL 36502	of process for the above stated limit as registered agent and agree to a per and complete performance of nent's signature) to has/have authority to manage is/are Title or Capacity:	red liability company at the place act in this Engacity further ag by duties, and I and amiliar with the second se
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation 8. The name, title or cap. Title or Capacity: Secretary President (Use attachments if neces)	stance: registered agent and to accept service rion, I hereby accept the appointment rions of all statutes relative to the pro rions of all statutes relative to the pro rions of my position as registered agent. (Registered agent. Accept the appointment (Registered agent. Accept the person(s) who Name and Address: Miles Smith 50 West Sunset Dr. Atmore AL 36502 Josh Martin 50 Sest Sunset Dr. Atmore AL 36502 sary) of existence, no more than 90 days of of which it is organized. (If the certif	of process for the above stated liming as registered agent and agree to a per and complete performance of ment's signature) to has/have authority to manage is/are Title or Capacity: Vice President	red liability company at the place of in this Engacity—further ag by duties, and I an Gamiliar with Mame and Address: Rusty Miller 50 West Sunset Dr. Atmore AL 36502

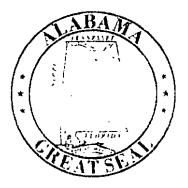
Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that TripTek Construction, LLC was formed in Escambia County, Alabama on April 28, 2017. The Alabama Entity Identification number for this entity is 390-110. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20171205000010626

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/05/2017

Date

J. H. Merill

John H. Merrill

Secretary of State