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COVER LETTER

TO: Registration Section

Div	rision of Corporatio	ns				
SUBJECT:	Father & Daughte	er Construction LLC				
		Name of	Limited Liability (Company		
The enclosed Existence, an	d "Application by Fo	reign Limited Liability Comp ed to register the above refero	pany for Authoriza enced foreign limit	tion to Tra	unsact Business in Florida," C y company to transact busine	Certificate of ss in Florida
Please return	all correspondence	concerning this matter to the	following:			
	Michael Gay					
		N	ame of Person			
	Father & Dau	ghter Construction LLC				
	Firm/Company					
	9319 Pontiac	Dr				
			Address			
	Tampa, FL 3	3626				
		City/S	tate and Zip Code			
	fatheranddaug	hterllc@gmail.com				
		E-mail address: (to be used	d for future annual	report no	tification)	
For further i	nformation concerni	ng this matter, please call:				
Mic	chael Gay		917 at (885 84	-10	
~	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.C	AILING ADDRESS vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314	-		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	wing amount: \$130,00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	



September 11, 2018

Michael Gay Father & Daughter Construction LLC 9319 Pontiac Dr. Tampa, FL 33626

SUBJECT: FATHER & DAUGHTER CONSTRUCTION LLC

Ref. Number: W18000081183

We have received your document for FATHER & DAUGHTER CONSTRUCTION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 118A00018869

Lyn Shoffstall Bureau Chief

www.sunbiz.org



Attention: Lynn Shoffstall
Subject: NJ Standing Certificate

Enclosed the current State of NJ Good Standing Certificate dated Sept. 12, 2018.

Please advise should you require any additional information.

Regards,

Date: Sept. 12, 2018

Michael Gay



Date: Sept. 19, 2018

Subject: FL Foreign LLC

Dear Ms. Shoffstall,

Thanks for your call.

The following requested items are enclosed for review:

- 1. Application By Foreign Liability Company for Authorization to Transact Business in Florida
- 2. State of NJ Annual Report Certificate
- 3. State of NJ Certificate of Good Standing dated Sept. 12, 2018

Please advise should you require any additional information.

Regards

*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:

/Name of Foreign	onstruction LLC		
frame or roleign	Limited Liability Company; must include "Lir	nited Liability Company," "L.L.C.," or "LL.	2.")
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
2 New Jersey		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI t	number, if applicable)
4	(Date first transacted business in Florida, if prio	or to registration.)	_ _
5 9319 Pontiac Dr	(See sections 605,0904 & 605,0905, F.S. to det	6. 9319 Pontiac Dr	
(Street Address of	Principal Office)	O. (Mailing	Address)
Tampa, FL 33626		Tampa, FL 33626	
7. Name and street address	ss of Florida registered agent: (P.O. H	Box NOT acceptable)	7018 S
Name:	Michal Gay		P ·
Office Address:	9319 Pontiac Dr		ASS.
	Tampa	, Florida <u>33626</u>	
Registered agent's accep	(Спу)	(Zip	code) 그는 🦁
and accept the obligation			
	s of my position as registered agent.		
	s of my position as registered agent.	nt's signature)	<u> </u>
	A CENTURAL OF THE PROPERTY OF	-	· · · · · · · · · · · · · · · · · · ·
		-	:: Name and Address:
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/are	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: Michael Gay 9319 Pontiac Dr	has/have authority to manage is/are	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: Michael Gay	has/have authority to manage is/are	
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who Name and Address: Michael Gay 9319 Pontiac Dr	has/have authority to manage is/are	
8. The name, title or cap: Title or Capacity: Mbr Mbr	acity and address of the person(s) who Name and Address: Michael Gay 9319 Pontiac Dr. Tampa, FL 33626 Claire Bakker 9319 Pontiac Dr. Tampa, FL	has/have authority to manage is/are	
8. The name, title or caps Title or Capacity: Mbr Mbr (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Name and Address: Michael Gay 93.19 Pontiac Dr. Tampa. FL 33626 Claire Bakker 93.19 Pontiac Dr. Tampa, FL ssary) of existence, no more than 90 days of of which it is organized. (If the certification of the certifi	has/have authority to manage is/ard Title or Capacity: Line of Capac	Name and Address: having custody of records in the
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8. The name, title or caparatitle or Capacity: Mbr Mbr (Use attachments if necessing). Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	acity and address of the person(s) who Name and Address: Michael Gay 9319 Pontiac Dr. Tampa, FL 33626 Claire Bakker 9319 Pontiac Dr. Tampa, FL ssary) of existence, no more than 90 days of of which it is organized. (If the certificulumitted) cuted in accordance with section 605.05	has/have authority to manage is/arc Title or Capacity: Id, duly authenticated by the official cate is in a foreign language, a trans 203 (1) (b), Florida Statutes. I am av	Name and Address: having custody of records in the slation of the certificate under oat ware that any false information

Typed or printed name of signee

Michael Gay

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

FATHER & DAUGHTER CONSTRUCTION LLC 0600367139

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 22, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MICHAEL GAY 7 OSPREY LANE RUMSON, NJ 07760



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of September, 2018

LA M Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6091167688

Verify this certificate online at

https://www.L.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp