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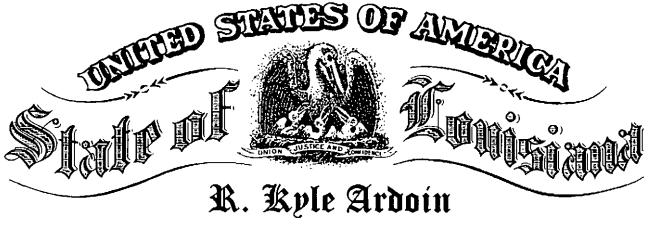
S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporation	5		
SUBJI	ect: Fas	At Reha	Limited Liability Company	•
The en Exister	closed "Application by Forcice, and check are submitted	rign Limited Liability Comp I to register the above refere	eany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida." Certificate of y company to transact business in Florida
Please		urn-Ke	LeBlar ame of Person Consi	truction LCC Forest Drive
	Jan	City/S City/S E-mail address: (to be used	LA 70819 tate and Zip Code - Key ned d for future Innual report no	•
For fu	ther information concerning		at (32 5) 5	7 (- 86 78 ytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisior Registra Clifton 2661 Ex	T ADDRESS: a of Corporations tion Section Building secutive Center Circle ssee, FL 32301
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Bigsim \text{\$\exititt{\$\text{\$\text{\$\text{\$\$\text{\$\}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Turn- Key Construction OF Horida LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Lousiana (Jurisdiction under the law of which foreign limited liability) 3. 41-213 4656 (FEI number, if applicable)
company is organized)
4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 00 0 3, PC 17 11 10 00 00 00 00 00 00 00 00 00 00 00
Lynn Haven, Florida 02444 (Street Address of Principal Office)
6. Same Ar Above
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: James LeBlance
Office Address: 3310 5, FL-77 #110-261
Lynn Haxon Florida 82444.
(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 complywith 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)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
James LeBlance Member
David Wascom, Managing Member.
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)
(Sh & To 5 cm)
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.817.155, F.S.
Typed or printed name of signce



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

TURN-KEY CONSTRUCTION LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on April 08, 2004,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 26, 2018

Certificate ID: 11008560#D5P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

12 Tagle 1802 Secretary of State

Web 35682782K