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COVER LETTER

TO:	Registration Section Division of Corporation	ns .				
SUBJ	WHS Specialty Buil					
SUBJ	ECT:	Name of	Limited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please	return all correspondence of	oncerning this matter to the	following:			
	Jeff Webb					
		N	ame of Person			
	WHS Specialty	Builders LLC				
		Fi	rm/Company			
	4471 Mille Lac	s				
			Address			
	South Jordan U	tah 84009				
	 .	City/S	tate and Zip Code			
	whsspecialtybuild	ders@gmail.com				
	-	E-mail address: (to be used	for future annual	report not	ification)	
For fu	rther information concerning	g this matter, please call:				
	Jeff Webb		425 at (583-652	20	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle ce, FL 32301	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 Coming	s LLC. Limited Liability Company; must include "Limite	of Cability Company " " C " or " [[C "]				
WHS Masonry LLC	Limited Liability Company; must include Limite	a clasming Company, Late, or Lite.				
	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	ility Company," "L.L.C," or "LLC,")			
2. Utah		3. 83-0760511				
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI number	a, if applicable)			
4						
T	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ine penalty liability)				
5 10894 S. Weiss Dr.		6. 4471 Mille Lacs Dr.				
(Street Address of Principal Office)		(Mailing Address)				
South Jordan UT 840	09	South Jordan UT. 84009				
			الله الله الله الله الله الله الله الله			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	8 5			
Name:	Andrew Smith		VON 81			
Office Address:	7338 Marry Jo Avenue		三			
	Panama City	, Florida 32409	- P			
	(City)	(Zip code				
to comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to act i				
to comply with the provisi	tion, I hereby accept the appointment a	s registered agent and agree to act i	n this capacity. Turther agree			
to comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to act is and complete performance of my d	n this capacity. I further agree			
to comply with the provisi and accept the obligation	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act is and complete performance of my definition. Signature)	n this capacity. I further agree			
to comply with the provision and accept the obligation. 8. The name, title or capa	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have	s registered agent and agree to act is and complete performance of my dissipature) signature) as/have authority to manage is/are:	n this capacity. I further agree luties, and I am familiar with 			
to comply with the provisi and accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have a Name and Address:	s registered agent and agree to act is and complete performance of my dissipature) signature) as/have authority to manage is/are:	n this capacity. I further agree luties, and I am familiar with 			
to comply with the provisi and accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have a Name and Address: Jeff Webb	s registered agent and agree to act is and complete performance of my dissipature) signature) as/have authority to manage is/are:	n this capacity. I further agree luties, and I am familiar with 			
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to comply with the provisi and accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have a Name and Address: Jeff Webb 10894 S. Weiss South Jordan	s registered agent and agree to act it and complete performance of my designature) as/have authority to manage is/are: Title or Capacity:	n this capacity. I further agree luties, and I am familiar with 			
to comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: owner	ion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who has a Name and Address: Jeff Webb 10894.S. Weiss South Jordan Utah 84009	s registered agent and agree to act it and complete performance of my designature) as/have authority to manage is/are: Title or Capacity:	n this capacity. I further agree luties, and I am familiar with 			
8. The name, title or capa Title or Capacity: owner (Use attachments if neces)	ion, I hereby accept the appointment a fons of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have a not	s registered agent and agree to act it and complete performance of my designature) signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official have	n this capacity. I further agreed uties, and I am familiar with Name and Address:			
8. The name, title or capa Title or Capacity: owner (Use attachments if neces purisdiction under the law of the translator must be set 10. This document is exec	ion, I hereby accept the appointment at ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who has a Name and Address: Jeff Webb 10894.S. Weiss South Jordan Utah 84009 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a thing to the property of the prope	s registered agent and agree to act it and complete performance of my designature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translation of the complete is in a ware of the complete is in a war	Name and Address: Ving custody of records in the on of the certificate under oath ethat any false information .817.155, F.S.			

Typed or printed name of signee

Jeff Webb



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

11/02/2018 10868779-016011022018-1673557

CERTIFICATE OF EXISTENCE

Registration Number:

10868779-0160

Business Name:

WHS SPECIALTY BUILDERS, LLC

Registered Date:

June 11, 2018

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code