# N 19000002875

| (Re                                     | questor's Name)  |             |  |  |
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| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
| cue W19-                                | 17227            |             |  |  |



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2019

MARY WERNSMAN WILLIAMS AND SONS MASONRY CO., LLC P.O. BOX 10292 COLLEGE STATION, TX 77842

SUBJECT: WILLIAMS AND SONS MASONRY CO., LLC

Ref. Number: W19000017227

We have received your document for WILLIAMS AND SONS MASONRY CO., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please, also fill in the hi-lited areas.,

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 819A00003676

All documents should now be attached.

Thank you,

Mary Wernsman
Williams and Sins Musing Co. LLC
03-15-19

www.sunbiz.org

Division of Comparations BO ROV 6227 Tallahassas Florida 22214

# COVER LETTER

TO:

Registration Section Division of Corporations

| Williams and Sons Masonry Co., LEC   |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: Name of Limited Liability Company   |  |  |  |  |  |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| Mary Wernsman  |  |  |  |  |  |
| Name of Person   |  |  |  |  |  |
| Williams and Sons Masonry Co., LLC   |  |  |  |  |  |
| Firm/Company   |  |  |  |  |  |
| P.O. Box 10292   |  |  |  |  |  |
| Address  |  |  |  |  |  |
| College Station TX 77842   |  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |  |
| williamsandsonsmasonryllc@gmail.com  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| Mary Wernsman 309 264-7399 at ()   |  |  |  |  |  |
| Name of Contact Person Area Code Daytime Telephone Number  |  |  |  |  |  |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301                                  |  |  |  |  |  |
| Enclosed is a check for the following amount: Please make check payable to. FLORIDA DEPARTMENT OF STATE  |  |  |  |  |  |
| \$125,00 Filing Fee \$\Bigcup \text{\$130,00 Filing Fee & Certificate of Status} \Bigcup \text{\$155,00 Filing Fee & \$160,00 Filing Fee, Certificate of Status & Certified Copy} \Bigcup \text{\$160,00 Filing Fee, Certified Copy}                                     |  |  |  |  |  |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| , Williams and Sons Mas                   | onry Co., LLC   |                            |   |   |
|---|---|----------------------------|---|---|
|   | Limited Liability Company; must include "Li   | mited Liability Comp       | sany," "L.L.C.," or "LI.C.")              |   |
|   |   |                            |   |   |
| (If manie unavailable, enter alternate na | une adopted for the purpose of transacting business in  | n Florida. The alternate a | name must include "Limited Liability Comp | many," "L.L.C," or "LLC,")                            |
| _   | _   |                            |   |   |
| 2. State of                               | TCXQ5 such foreign larged liability company is organized)   | . 3. <u>8 c</u>            | 2-3196596                                 |   |
| Dirisdiction under the law of wh          | uch foreign lamited trabibity company is organized)   |                            | (FEI number, if appli                     | cable)  |
|   |   |                            |   |   |
| 4   | (Date first transacted business in Florida, if pro-<br>iSee sections 605 0904 & 605 0905, F.S., to de | or to registration.)       | · · · · · · · · · · · · · · · · · · ·     |   |
|   | (See sections 605 0904 & 605 0905, F.S. to de   | termine penalty liability: | )   |   |
| 1907 Dartmouth St. Ap 5.                  |   | P.O.<br>6.                 | Box 10292                                 |   |
| 5. (Street Address of f                   | rancipal Office)  | 0                          | (Mailing Address)                         |   |
| College Station TX 778                    | \$10  | Colle                      | age Station TX 77842                      |   |
|   |   |                            |   |   |
|   |   |                            |   | 表の 法  |
|   | · · · · · · · · · · · · · · · · · · ·   |                            |   |   |
|   | 0EL 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                            |   | 至   |
| /. Name and street addres                 | s of Florida registered agent: (P.O. I  | Box NOT accept             | iabic)                                    | ASS 21  |
|   |   |                            |   | ms a I  |
| Name:                                     | United States Corporation Agents,   | Inc.                       |   | 70 5  |
|   |   |                            | _   | S   |
| Office Address:                           | 13302 Winding Oak Court Suite A   |                            | _   |   |
|   |   |                            |   | •   |
|   | Tampa   |                            |   |   |
|   | (Cuy)   |                            | (Zip code)                                |   |
| Registered agent's accep                  |   |                            |   |   |
| Having been named as re-                  | gistered agent and to accept service<br>tion, I hereby accept the appointme                           | of process for the         | re above stated limited liability         | ty company at the place<br>canacity. I farther agree. |
| to comply with the provisi                | ions of all statutes relative to the pro  | per and complet            | te performance of my duties.              | and I am familiar with                                |
|   | s of my position as registered agent.   |                            |   |   |
|   | () IM   |                            | oseley, Asst. Secretary on b              |   |
|   |   | of United Sta              | tes Corporation Agents, In-               | с.  |

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or persons authorizing to ATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized for manage [up to six (6) total]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

| <u>Title or Capacity:</u> | Name and Address:                    | Title or Capacity: | Name and Address:            |
|---------------------------|--------------------------------------|--------------------|------------------------------|
| Manager                   | Name. Mary Wernsman                  | Manager            | Name:Henry Williams          |
| Member                    | Address:1907 Dartmouth St. Apt. 1111 | Member             | Address:1027 W. Willcox Avc. |
| Authorized                | College Station TX 77840             | Authorized         | Peoria, IL 61604             |
| Person                    |                                      | Person             |                              |
| Other President           | Other                                | Other Project Ma   | anager Other                 |
| Manager                   | Name: Michael Walker                 | ☐ Manager          | Name:                        |
| Member                    | Address14613 S. Leavitt              | Member             | Address:                     |
| Authorized                | Dixmoor IL 60426                     | Authorized         |                              |
| Person                    |                                      | Person             |                              |
| Other                     | rvisorOther                          | Other              | Other                        |
| Manager                   | Name:                                | Manager            | Name:                        |
| Member                    | Address:                             | Member             | Address:                     |
| Authorized                | <u> </u>                             | Authorized         |                              |
| Person                    |                                      | Person             |                              |
| Other                     | Other                                | Other              | Other                        |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

Signature of an authorized person

Mary Wernsman

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Williams and Sons Masonry Co., LLC (file number 802841556), a Domestic Limited Liability Company (LLC), was filed in this office on October 20, 2017.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 08, 2019.



David Whitley

David Whitley Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document; 873 140480002