## M1900004572

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B KINSEY MAY -8 2019



May 6, 2019

JAMES ALLEN HARRIS PO BOX 391 SARALAND, AL 36571

SUBJECT: GULF SOUTH CONTRACTING, LLC

Ref. Number: W19000044010

We have received your document for GULF SOUTH CONTRACTING, 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):

Please list the complete principal office address.

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):245-6052.

Letter Number: 119A00009083

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

District CO. The DO DOY COOK Mullely Co. Ph. 11 10001

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Gulf South Contracting, LLC	1					
	Name of Lir	nited Liability Company	<del></del>				
The end Existen	closed "Application by Foreign Limited Liability Comparce, and check are submitted to register the above reference.	y for Authorization to Transact Business in Flor ed foreign limited liability company to transact b	ida," Certificate of ousiness in Florida.				
Please	return all correspondence concerning this matter to the fo	lowing:					
	James Allen Harris						
	e of Person						
	Gulf South Contracting, LLC						
	Firm	/Company	<del>-</del>				
	P O Box 391		_				
	, , , , , , , , , , , , , , , , , , ,	ddress	- juijo				
	Saraland, AL 36571						
	City/State and Zip Code						
	josh@gulfsouthcontractingtlc.com	:	:				
	E-mail address: (to be used for	r future annual report notification)	<del>-</del> . <del>.</del>				
Por furt	her information concerning this matter, please call:	•	1:29				
	James Allen Harris	251 2879269	~ <u>~</u> -∵				
	Name of Contact Person	Area Code Daytime Telephone Number	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section	20 A				
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	T:				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	ENT OF STATE	<del>წ</del>				
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Fili	ng Fee, Certificate Certified Copy				

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

Gulf South Contract	ing LLC				
	n Limited Liability Company; must include "Limi	ed Calibra			
(really to rotely	in District Enterinty Company, must include Cimi	ted transitity	Company, ""L.L.C.," or "LLC.")		
		1			
fnanie unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alte	mate name must include "Limited Liability Compar	1y," "L L C." or "LLC.")	
State of Alabama		:	33-3523186		
(Jurisdiction under the law of which foreign hinsted liability company is organized)		· 3			
(Jurisdiction under the law of s	which foreign limited liability company is organized)		(FEI mamber, if applica	ble)	
N/A		:			
		:			
•	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to determ	o registration.)	bulity}		
5755 Vaughn Drive E			O Box 391		
		6.			
(Street Address of	Principal Office)	. –	(Mailing Address)	<del></del>	
Satsuma		: s	araland		
	· • · · · · · · · · · · · · · · · · · ·				
Alabama, 36572			Johanna 20071		
Alabana, 50572		Alabama, 36571			
		:			
		<u> </u>		<u> </u>	
Name and street addre	ss of Florida registered agent: (P.O. Bo	× NOT acc	ceptable)	1919	
Name and street addre	ss of Florida registered agent; (P.O. Bo	x <u>NOT</u> ace	ceptable)	an Hay	
Name and street addre		x <u>NOT</u> ace	ceptable)	HAY PAR	
	ss of Florida registered agent; (P.O. Bo C T Corporation System	× NOT acc	ceptable)	÷	
Name and street address Name:		x <u>NOT</u> acc	ceptable)	÷	
Name:		x <u>NOT</u> acc	ceptable)	÷	
	C T Corporation System	x NOT acc	ceptable)	÷	
Name:	C T Corporation System	x NOT acc	33324	24:11 Hay -8 - 64 It: 45	
Name:	C T Corporation System  1200 South Pine Island Road  Plantation	x NOT acc	 33324 , Plorida	÷	
Name:	C T Corporation System 1200 South Pine Island Road	x <u>NOT</u> aco	33324	÷	
Name: Office Address: egistered ageat's accep	C T Corporation System  1200 South Pine Island Road  Plantation  (City)		, Plorida	-6 eH it it 5	
Name: Office Address: egistered ageat's acceptoring been named as re	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Otance: egistered agent and to accept service of	process fo	33324, Plorida(Zip code)  r the above stated limited liability (	Ompany at the place	
Name: Office Address: egistered ageat's accep aving been named as resignated in this applica	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Otance: egistered agent and to accept service of ation, I hereby accept the appointment is	process fo	33324, Plorida(Zip code)  r the above stated limited liability to a gent and agree to act in this ca	company at the place	
Name: Office Address:  Agistered agent's acceptained as resignated in this applications of the provision of	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  otance: egistered agent and to accept service of ation, I hereby accept the appointment to ions of all statutes relative to the prope	process fo	33324, Plorida(Zip code)  r the above stated limited liability to a gent and agree to act in this ca	company at the place	
Name: Office Address: egistered agent's acceptoring been named as resignated in this applications of the provision of the pro	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Otance: egistered agent and to accept service of ation, I hereby accept the appointment is	process fo as registerer and comp	33324, Plorida(Zip code)  r the above stated limited liability to a gent and agree to act in this ca	company at the place	

Title or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name an	d Addre	ess:
Manager	Name: James Allen Harris	Manager	Name:		-	
Member	Address: P.O. Box 391	: Member				
Authorized	Saraland, Alabama 36571	Authorized	. Iddi v33	<del></del>		
Person		Person	<u> </u>			
Other	Other	Other	·	Other_	V =/	
☐Manager	Name:	☐ Manager	Name:			
Member	Address:	Member				
Authorized		☐ Authorized	<del></del>			
Person		Person				
Other	Other	Other		Other_		
Manager	Name:	☐ Manager	Name:			
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ndexed individuals i	se an attachment to report more than six (6), may be added to the index when filing your F	Florida Department of Star	e Annual Repo	ort form.	 	
urisdiction under the fithe translator must	ficate of existence, no more than 90 days old c law of which it is organized. (If the certificate t be submitted)	ate is in a foreign language	e otticiai navir e, a translation	of the certific	records i cate unde	in the er oath
0. This document is ubmitted in a docum	executed in accordance with section 605.020 nent to the Department of State constitutes a t	03:(1) (b), Florida Statutes hird degree felony as prov ;	s. I am aware the	nat any false in 17.155, F.S.	ıformati	on
	1/ 1/ 1					
	for fle of	ne of an authorized person	L			

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 Gulf South Contracting, LLC was formed in Montgomery County, Alabama on February 20, 2019. The Alabama Entity Identification number for this entity is 543-795. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190226000025316

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.

02/26/2019

Date

X.W. Marill

John H. Merrill

Secretary of State