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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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May 14, 2019

SENT VIA REGULAR MAIL TO:

**Florida Department of State  
Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314**

***Re: Check, Cover Letter, Certificate of Good Standing and Application by Foreign LLC for  
Authorization to Transact Business in Florida***

To Whom It May Concern,

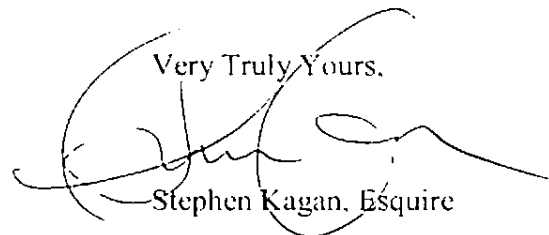
My firm represents Declid and Dawson in their desire to lawfully conduct business in the state of Florida. Enclosed with this letter, please find:

- Cover Letter
- Certificate of Good Standing from Colorado
- Application by Foreign LLC for Authorization to Transact Business in Florida
- Check in the amount of One Hundred and Twenty Five Dollars and NO CENTS (\$125.00)

I hope that the above meet with your approval. Should you need any additional information or have any questions, please do not hesitate to contact me through any of the means listed directly below.

Thank you in advance for your prompt attention to this matter.

Very Truly Yours,



Stephen Kagan, Esquire

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DECLID AND DAWSON PLUMBING CONTRACTORS, LLC

\_\_\_\_\_  
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:

CHRIS DAWSON

\_\_\_\_\_  
Name of Person

DECLID AND DAWSON PLUMBING CONTRACTORS, LLC

\_\_\_\_\_  
Firm/Company

7155 Southmoor Drive

\_\_\_\_\_  
Address

Fountain, Colorado 80817

\_\_\_\_\_  
City/State and Zip Code

danddplumbingllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS DAWSON

719  
at ( )

619 - 7469

\_\_\_\_\_  
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



\$130.00 Filing Fee &  
Certificate of Status



\$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. DECLID AND DAWSON PLUMBING CONTRACTORS, 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. COLORADO 83-2118047  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1329 TIMBERIDGE LOOP N. 6. 1329 TIMBERIDGE LOOP N.  
(Street Address of Principal Office) (Mailing Address)

LAKELAND, FLORIDA 33809 LAKELAND, FLORIDA 33809

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHRIS DAWSON

Office Address: 1329 TIMBERIDGE LOOP NORTH

LAKELAND 33809  
(City) , Florida (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 comply with 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.

Christopher Dawson

(Registered agent's signature)

FILED  
JAN 16 PM 5:34  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS  
STATE OF TEXAS

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

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: CHRIS DAWSON

☐ Member              Address: 1329 TIMBERIDGE LOOP N.

☐ Authorized              LAKELAND, FL 33809

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: OSCAR DECLID

☐ Member              Address: 7155 SOUTHMOOR DRIVE

☐ Authorized              FOUNTAIN, CO 80817

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

*Christopher Dawson*

Signature of an authorized person

Christopher Dawson

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Deleid and Dawson Plumbing Contractors, LLC

is a

Limited Liability Company

formed or registered on 10/04/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181792274 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/09/2019 that have been posted, and by documents delivered to this office electronically through 05/10/2019 @ 14:36:40 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/10/2019 @ 14:36:40 in accordance with applicable law. This certificate is assigned Confirmation Number 11567197 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"*