

M19000005661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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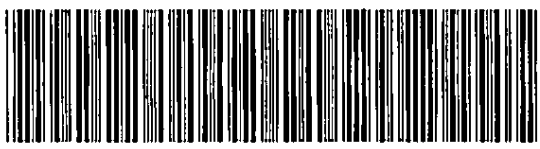
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 11 2019





21 Robert Pitt Dr, Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

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May 21, 2019

Division of Corporations -Registration Section  
Clifton Building  
2661 Executive Center Circle  
P.O. Box 6327  
Tallahassee FL 32301

**RE: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida**

To Whom It May Concern:

Enclosed is an **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** that was completed by our customer **MarexC & Contractor, LLC**.

Once the application has been approved please forward evidence of the approval to the following address:

Exciden Lores  
8234 Bayou George Road  
Panama City FL 32404

If there is any issue with the application, or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you,

Alison St Clair-McCleese  
845-356-8390 ext. 141  
21 Robert Pitt Drive, Suite 310  
Monsey, NY 10952  
mccleesea@businesslicenses.com

2019 MAY 20 2:44:30  
Tallahassee, Florida  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAREXC & CONTRACTOR 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:

EXCIDEN LORES  
Name of Person  
MAREXC & CONTRACTOR LLC  
Firm/Company  
8234 BAYOU GEORGE ROAD  
Address  
PANAMA CITY FLORIDA 32404  
City/State and Zip Code  
exc.lores@marexc.com  
E-mail address: (to be used for future annual report notification)

2019 MAY 20 PM 4:50  
FILED

For further information concerning this matter, please call:

EXCIDEN LORES at ( 850 ) 225-4385  
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. MAREXC & CONTRACTOR 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. TEXAS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1076773
(FEI number, if applicable)

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

5. 8234 BAYOU GEORGE ROAD
(Street Address of Principal Office)
PANAMA CITY FL 32404

6. 8234 BAYOU GEORGE ROAD
(Mailing Address)
PANAMA CITY FL 32404

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

Name: EXCIDEN LORES

Office Address: 8234 BAYOU GEORGE ROAD

PANAMA CITY, Florida 32404
(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 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.

(Registered agent's signature)

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FILED

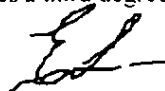
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>EXCIDEN LORES</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>8234 BAYOU GEORGE ROAD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>PANAMA CITY FL 32404</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

EXCIDEN LORES

\_\_\_\_\_  
 Typed or printed name of signee

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



David Whitley  
Secretary of State

## 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 MAREXC & CONTRACTOR LLC (file number 803055502), a Domestic Limited Liability Company (LLC), was filed in this office on June 28, 2018.

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

2019 MAY 20 PM  
2:10  
2019

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 May 20, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley  
Secretary of State