Naceons

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
MIGOOX	060	63	

Office Use Only



200331622472

07/31/19--01004--002 **72.50

87/88/10--81816-808 7487.50



Y SCOTT AUG 1 2019





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2019

ABIGAIL KING 207 N. DOOLEY ST. GRAPEVINE, TX 76051

SUBJECT: GASPARD & MORGAN CONSTRUCTION LLC

Ref. Number: W19000065063

We have received your document for GASPARD & MORGAN CONSTRUCTION LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Yvette Scott Document Specialist II

Letter Number: 619A00014404



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gaspard's Morgan Construction L Name of Limited Liability C	ompany			
The enclosed "Application by Foreign Limited Liability Company for Authorizat Existence, and check are submitted to register the above referenced foreign limit	tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida.			
Please return all correspondence concerning this matter to the following:				
Arigail King Name of Person	·			
Gaspard Morgan Construction Firm/Company	LLC FIE T			
207 N. Dooley St. Address	JUL 30 PH 4: JUL 30 PH 4:			
Grapevine, TX 76051 City/State and Zip Code	07D - 12			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Area Code 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			
	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy * Find enclosed check (tyq) in the amount of \$172.50. Awarding to letter # 619 Accosis 404, you stinave our instal check for \$87.50 to equal the total clue of			

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 oreign Limited Liability Company; must include "Limited Liability Company." 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.") 3. <u>20 - 2222 | 78</u> (FEI number, if applicable) the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. 207 N. Dooley St. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mary Ann Hartsell Name:

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 of 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.

Mary ann Hartsu

manage [up to six (6		Title or Capacity:	Name and Address:
Title or Capacity:	Name and Address: Name: Jonathan Gaspard	Manager	Name: Jared Morgan
Manager	'	Member	Address: 1400 Hi Line Dr. #703
☐ Member	Address: 1532 Tiffany Forest Ln	M Authorized	Dallas, TX 75207
✓Authorized	Grapevine, TX 76051	Person	
Person Other ONYLL	Other	Other OWNEY	Other
Mother DWIKA		<u> </u>	
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	- 150 19
Person		Person	ASS. 70
Other	Other	Other	
) 4: 20 STATE LORIDA
Manager	Name:	Manager	Name: 🗡 🗡
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under the of the translator mu	is executed in accordance with section 605.0203 ment to the Department of State constitutes a thir Signature of	uly authenticated by the is in a foreign language (1) (b), Florida Statutes	e Annual Report form. c official having custody of records in the e, a translation of the certificate under oath s. I am aware that any false information yided for in s.817.155, F.S.

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Gaspard & Morgan Construction, L.L.C. (file number 800653895), a Domestic Limited Liability Company (LLC), was filed in this office on May 11, 2006.

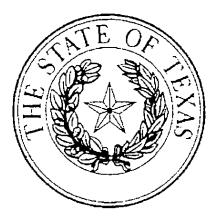
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate JONATHAN D GASPARD as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

1967 SHOREWOOD DR.

GRAPEVINE, TX - 76051 USA

In testimony whereof, I have hereunto signed no name I officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on June 05, 2019



Jose A. Esparza Deputy Secretary of State

TID: 10268

Dial. 7-1-1 for Relay Services Document; 893891010004

Phone: (512) 463-5555 Prepared by: SOS-WEB