

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dosiness Entity Harney
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800333114188

98/21/19--01015--008 **130.00

2019 SEP 17 PH 4: 08

EKINSEY SEP 18 2019



August 26, 2019

MICHELLE TAYLOR PO BOX 707 FRIENDSWOOD, TX 77549

SUBJECT: LHW CONTRACTORS, LLC

Ref. Number: W19000078803

We have received your document for LHW CONTRACTORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00017610

RECEIVED SEP 1 7 2019

COVER LETTER

•

TO:	Registration Section Division of Corporation	0HS				
SHRIF	LHW Contractors.					
SUBJE	Company					
The enc Existent	losed "Application by Foce, and check are submitt	oreign Limited Liability Com ted to register the above refer	pany for Authoriza enced foreign limi	ation to Transact Business in Florida, ited liability company to transact busin	' Certificate o: ness in Florida	
Please r	eturn all correspondence	concerning this matter to the	e following:			
	Michelle Taylo	OI				
			Same of Person			
	LHW Contract	tors, LLC				
		l.	irm Company			
	PO Box 707					
Address						
	Friendswood,	TX. 77549				
		City/S	State and Zip Code			
	michelle@houg	.fu.com				
		E-mail address: (to be use	ed for future annua	Treport notification)		
For furtl	her information concernis	ng this matter, please call:				
Michelle Taylor		281 at (795-8597			
	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 Tallahussee, FL 32301				
	Enclosed is a check for the Please make check paya \$125.00 Filing Fee	the following amount: thle to: FLORIDA DEPAR's S130.00 Filing Fee & Certificate of Sta	§ 🔲 \$155.00	TE Filing Fee &		

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LITW Contractors, LLI						
(Name of Foreign	Limited Liability Company, must include "Limit	ed Liability Company," "L.L.C.," or "I	LLC.")			
						
Or name unavailable, enter alternate	name adopted for the purpose of transacting business in Pl	ocida. The afternate name must include "Earni	ded Fiability Company," 3.	.L.C. or "ELC"		
TEXAS		32-0520632 3.				
(Jurisdiction under the law of w	hich foreign limited limiting company is organized)	3. (Fl:1 mmber, it applicable)				
Not Applicable 4.						
٦	(Date first transacted basiness in Florida, if prior to (See sections 608,0504 & 608,0508, F.S. to determ	registration) ime penalty hability)				
16850 Saturn Lane 5.		PO BOX 707				
(Street Address of Principal Office)		(5iMada	6. (Mading Address)			
Suite 200						
Clear Lake, TX 77058		Friendswood, TX, 775	49			
				2		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptable)	- - - -	7019 SEP		
Name:	Ekaterina Sen		•	7		
, wille.			:	PH -		
Office Address;	5820 Jasmine Court		: 	િ. 08		
	Panama City	32404 , Florida		œ		
	(City)		'sp 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)

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:

Ekaterina Sen

Manager

Manager

Name:

Michelle Taylor

THIE or Capacity:	Name and Address:	<u>Title or Capacity:</u>		Name and Address:	
Manager	Name: Ekaterina Sen		Name: Michelle Taylor		
Member	Address: 1232 Blue Stem	☐ Member	Address:	17 Pin Oak Drive North	
Authorized	Panama City, Florida, 32404	Authorized	Pearland, T.	 -	
Person		Person			
Other	Other	Other	 -	Other	
□Manager	Name:	☐ Manager	Name:		
Member	Address:	☐ Member			
Authorized		Authorized			
Person		Person			
Other	Other	Other		Other	
				2019	
Manager	Name:	Manager Manager	Name:	- S - 1	
Member	Address:			- '	
□Authorized		☐ Authorized			
Person		Person		<u> </u>	
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.

Michelle Taylor

Typed or printed name of signer

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



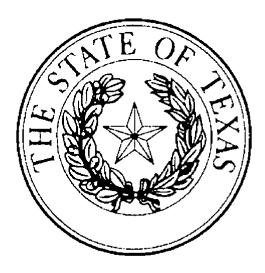
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LHW Contractors, LLC (file number 802648202), a Domestic Limited Liability Company (LLC), was filed in this office on February 12, 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 September 13, 2019.



Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services