

M19000009177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

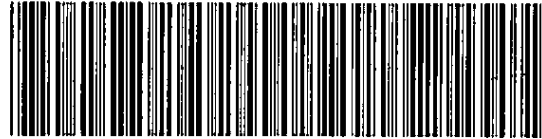
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 23 2019

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

RYAN PANNEBAKER
5353 WILD DUNES LN.
IDAHO FALLS, ID 83404

SUBJECT: STONE RIDGE CONTRACTING, LLC
Ref. Number: W19000081964

We have received your document for STONE RIDGE CONTRACTING, LLC and your check(s) totaling \$125.00. 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.

Yvette Scott
Document Specialist II

Letter Number: 819A00018560

RECEIVED
SEP 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONE RIDGE CONTRACTING, 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:

RYAN PANNERBAKER
Name of Person

STONE RIDGE CONTRACTING, LLC
Firm/Company

5353 WILD DUNES LN.
Address

IDAHO FALLS, ID 83404
City/State and Zip Code

RYAN.PANNERBAKER@STONERIDGECON.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

RYAN PANNERBAKER at (541) 720-4177
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. STONE RIDGE CONTRACTING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

STONE RIDGE CONTRACTING (FL), 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. IDAHO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0986698
(FEI number, if applicable)

4. OCTOBER 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5353 WILD DUNES LN.
(Street Address of Principal Office)

6. 5353 WILD DUNES LN.
(Mailing Address)

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SECRETARY OF STATE

IDAHO FALLS, ID 83404

IDAHO FALLS, ID 83404

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

Name: ALEX PANNERBAKER

Office Address: 835 E. WANN RD.

BARTOW, Florida 33830
(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.

Alex Pannerbaker
(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]:

<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>RYAN PANNERBAKER</u>	<input type="checkbox"/> Manager	Name: <u>CHAD CURTIS</u>
<input checked="" type="checkbox"/> Member	Address: <u>5353 WILD DUNES LN.</u>	<input checked="" type="checkbox"/> Member	Address: <u>9384 S. MARSH CREEK</u>
<input type="checkbox"/> Authorized	<u>IDAHO FALLS, ID 83404</u>	<input type="checkbox"/> Authorized	<u>WCCAMMON, ID 83250</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>PETE LILLEGARD</u>	<input type="checkbox"/> Manager	Name: <u>BARABRIEL ALMUINA</u>
<input checked="" type="checkbox"/> Member	Address: <u>77459 S. EDWARDS RD</u>	<input checked="" type="checkbox"/> Member	Address: <u>W CHAPMAN RD</u>
<input type="checkbox"/> Authorized	<u>STANFIELD, OR 97875</u>	<input type="checkbox"/> Authorized	<u>CARLETON, NY 18220</u>
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



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

September 17, 2019

Request Type: Certificate of Existence/Filing

Request #: 0003623165

Receipt #: 000234765

Issuance Date: 09/17/2019

Copies Requested: 0

Regarding: STONE RIDGE CONTRACTING LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 05/14/2018

Status: Active-Existing

Duration Term: Perpetual

File #: 609189

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

STONE RIDGE CONTRACTING LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawrence Denney

Idaho Secretary of State

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TALLAHASSEE, FLORIDA

Processed By: Business Division

Verification #: 004196220