M19000009791

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(100,000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer: AP Primt W19-15475	
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Office Use Only

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September 17, 2019

JAY LUNDBLAD ***2ND MAILING PO BOX 1161 WELLINGTON, CO 80549

SUBJECT: GOLDEN EAGLE CONTRACTING LLC

Ref. Number: W19000075475

We have received your document for GOLDEN EAGLE CONTRACTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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: 819A00018025



August 14, 2019

JAY LUNDBLAD 11210 SPRING ST LARGO, FL 33774

SUBJECT: GOLDEN EAGLE CONTRACTING LLC

Ref. Number: W19000075475

We have received your document for GOLDEN EAGLE CONTRACTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE AUTHORIZED PERSON NEEDS TO PRINT THEIR NAME BELOW THEIR SIGNATURE.

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: 819A00016814

RECEIVED

-www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GOLIFN EAGCE 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:			
JAY C. LUNIS (A) Name of Person			
GOLDEN EAGLE CONTRACTING LLC Firm/Company			
11210 SPRING, ST. Address			
LARGO, FLORIDA 33774 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TAY R. LUNITUAL at (970) 632 - 4787 Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c			

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIG	N LIMITED HABILITY
1. COLF FACE CAT RAC	Lability Company. "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida	The alternate name must include "Limited Liability Company."	'LLLC," or "LLC,")
2. (Juradiction under the law of which foreign limited liability company is organized)	3. 842363741 (FEI number, if applicable)	
4. (Date first transacted business in Florida, if prior to reg (See sections (05.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	
5. 3730 CARFIEL AUE, (Street Address of Principal Office)	6. P. D. Rox II. (Mailing Address)	
WELLINGTON	WELLINGTON	
(alokado, 80549	COLORADO, EC	549
7. Name and street address of Florida registered agent: (P.O. Box N	NOT acceptable)	33 19
Name: TAY R. LUNDIS	LAD	-9
Office Address: 11210 SPRING	51,	그
LAR.(~ C	Florida 33774	5. 5.
Registered agent's acceptance: Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as recomply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent. (Registered agent's sign	egistered agent and agree to act in this capac nd complete performance of my duties, and I	ity. I further agree

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: Title or Capacity: Name and Address: Name and Address: Manager Manager Name: Member Member | Address: ______ Authorized Authorized Person Person Other_ Other____ Other_ Other___ Manager Manager Name: _____ Member Address: _____ ☐ Mcmber Address: Authorized Authorized Person Person Other Other____ Other Other___ Manager Name: _____ Manager Name: Member Address: ☐ Member Address: __ Authorized Authorized Person Person Other_ Other ____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 afthird degree felony as provided for in s.817.155, F.S. of an authorized person

Typed or printed name of signee

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.

Golden Fagle Contracting

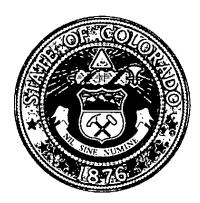
is a

Limited Liability Company

formed or registered on 04/16/2019 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 20191323341.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/03/2019 that have been posted, and by documents delivered to this office electronically through 10/06/2019 @ 11:32:13.

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 10/06/2019 @ 11:32:13 in accordance with applicable law. This certificate is assigned Confirmation Number 11840251



Secretary of State of the State of Colorado

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, hip/towee, so sokide or us bey/certificateSearchi riteria. Or 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.ors.skate.co.us.click."Businesses, trademarks, trade names." and select "Frequently Asked Questions."