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#### COVER LETTER

TO:

Registration Section

S125.00 Filing Fee

SUBJECT:	NNOVY CONCRETE &	ited Liability	
	Name of thin	neu thaomiy	Company
			ation to Transact Business in Florida," Certificate o ited liability company to transact business in Florida
Please return all	correspondence concerning this matter to the foll	owing:	
	MARY ANN ADAMS		
	Name	of Person	
	<b>ENNOVY CONCRETE</b>	& CON	STRUCTION, LLC
	Firm/	Company	
	110 WOODBINE STR	REET,	APT B3
	Λ	ddress	
	KERNERSVILLE, NC	27284	4
	City/State	and Zip Code	:
	MARYANNADMS@AG	DL.CO	PM
	E-mail address: (to be used to	future annua	Treport notification)
For further infor	mation concerning this matter, please call:		· ca
MA	RYANNADM@AOL.COM	,336	265-8348
	Name of Contact Person	Area Code	the feet
	ING ADDRESS:		STREET ADDRESS:
Division of Corporations			Division of Corporations ,
Registration Section P.O. Box 6327			Registration Section - 79
	ssec, F1, 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy

S160.00 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 TOTRANSACT RUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
same unavailable, enter alternate r	name adopted for the purpose of transacting business in Flori		ity Company," "L.L.C," or "Lt.C.")
	AROLINA hich foreign limited hability company is organized)	3. 84-3057646	, if applicable)
Touristic House to the last 14 to	onea watega munico manany company ivo gameetti	11 (3) 100000	, १६ अद्भुवाद्वयम् १
	(Date first transacted business in Florida, if prior to re (See sections 605 0004 & 605 0005, F.S. to determine	gestration )	
110 WOODBINE STREET		PO BOX 137	11
(Street Address of Principal Office)		6. (Mailing Addres	
APT B3		GREENSBORO, NC 27415	
KERNERSVILLE, NC 27284			S 810
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	30 FI
Name:	Registered Agents Inc.		ကမ္မာ ငမ
Office Address:	7901 4th St N ST	E 300	<u>.</u>
	St. Petersburg	133702	2
	(Cuy)	(/sp code)	<del></del> -
ignated in this applica comply with the provisi	tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in	this capacity. I further
	Bel Hame		

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: MARY ANN ADAMS Name: SANDRA MARSH Manager ✓ Manager Address: \_\_\_\_ 110 WOODBINE STREET Member ✓ Member SUITE D APT B3 ✓ Authorized ☐ Authorized KERNERSVILLLE, NC 27284 GREENSBORO, NC 27405 Person Person ☑<sub>Other</sub>\_ORGANIZER Other\_\_ Other\_\_\_\_ [ ]Other Manager Name: Manager | Address: Member Address: \_\_\_\_\_ ☐ Member Authorized Authorized Person Person Other\_\_ Other\_\_\_ Other\_\_ Manager Manager Manager Name: Member Member Address: ☐ Authorized Authorized Person Person Other\_\_\_\_ 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 a third degree felony as provided for in s.817.155. F.S.

Typed or printed name of signee

MARY ANN ADAMS



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### ENNOVY CONCRETE & CONSTRUCTION, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 18th day of September, 2019

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of September, 2019.

Elaine I Marshall

Secretary of State