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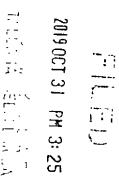
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2019

JEREMY MILLS 3901 GARWOOD AVE STE:1 PORTSMOUTH, VA 23701

SUBJECT: EAST COAST COMMERCIAL CONTRACTORS LLC Ref. Number: W19000093789

We have received your document for EAST COAST COMMERCIAL 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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.

Letter Number: 219A00021814

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

CCT:	Name o	f Limited Liability	Company	
closed "Application by Foreig	gn Limited Liability Cor o register the above refe	mpany for Authorizerenced foreign lin	ration to Transact Busines sited liability company to	s in Florida," Ce transact business
return all correspondence con	cerning this matter to th	e following:		
Jeremy Mills				
		Name of Person		201
East Coast Com	mercial Contractors L	LC		2019 OCT 31
		Firm/Company		
3901 Garwood A	ve. STE 1			P. P.
		Address		<u>ښ</u> ښ
Portsmouth, VA 2	23701			() (S
. <u></u>	City/	State and Zip Cod	e	
jm23703@gmail.co	om			
E	-mail address: (to be us	ed for future annua	l report notification)	
ther information concerning th	nis matter, please call:			
Jeremy Mills		757	234-5869	
Name of C	ontact Person	at (Area Code) Daytime Telephor	ne Number
MAILING ADDRESS:			STREET ADDRESS:	
Division of Corporations			Division of Corporation	15
Registration Section P.O. Box 6327			Registration Section	
Tallahassee, FL 32314			Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA;

	ercial Contractors LLC			
(Name of Fores	gn Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "L.	LC ")	
EC3 LLC			اسا	20.
(If name unavailable, enter alternat	e name adopted for the purpose of transacting business in Flo	rids. The alternate rame must include "Limite	ed Linbulsy Company." "	<u></u>
Virginia 2.		84-1789344		<u> </u>
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	rember, if applicable)	<u> </u>
n\a 4.			(1) (1)	PH :
+.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ne penalty hability)		3: 25
East Coast Comme 5.		same	7	
(Street Address o	f Principal Office)	6. (Masking	Address)	
3901 Garwood Ave	. STE 1			
Portsmouth, VA 237	701			
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Registered Agent Inc.			
Office Address:	7901 4th St. N STE 300			
	St. Petersburg	33702 , Florida		
	(City)		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: Title or Capacity: Name and Address: Name: _____Mills Manager Manager Manager Name: ____ 3901 Garwood Ave. ste 1 Member Address: Member Address: Portsmouth, VA 23701 Authorized Authorized Person Person Other Other____ Other_ Manager Manager Address: Member Member Authorized Authorized Person Person Other Other____ Other_ Other____ Manager Manager | Name: Member Address: ____ 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.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission?

That East Coast Commercial Contractors LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 2, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 2, 2019

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1910025250