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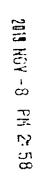
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# COVER LETTER

TO:

TO:	Registration Section Division of Corporations
	JD Excavation LLC
SUBJI	Name of Limited Liability Company
	Name of Canned Clabinty Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ice, 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:
	Daniel Mendoza
	Name of Person
	Firm/Company
	201 4th Avenue NW
	Address D. M. 22670
	Ruskin, Florida 33570  City/State and Zip Code
	Daniel@jdexcavatingllc.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Daniel Mendoza 813 735-8654
	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 Circle
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigcup \text{S130.00 Filing Fee & }\Bigcup \text{S155.00 Filing Fee & }\Bigcup \text{S160.00 Filing Fee, Certificate of Status} \text{Certified Copy} \text{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-

(Name of Foreign Limited	xcavation LLC Haability Company; must include "Limited Li	ability Comp	mv." "1. 1. C	" or "LLC.")	
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e un resilable, enter alternate a rose ado	nted for the purpose of transacting business in Florida.	The other was		9) (4) (4) (4) (4)	911 1 12 - 11 1 2
		i ne atternate n			Call Grant
Georgia		83-4208582 3.			
orisdiction under the law of which fore	gn limited liability company is organized)		<u>_</u>	(FEI number, it applicable	:1
II IS	ate first transacted business in Florida, if prior to regis ce sections 605 0904 & 605,0905, F.S. to determine p	tration.) enalty liability)			
917 Pleasant Hill Ro			201 4t	h Avenue NW	
(Street Address of Principal	Office)	6		(Mailing Address)	
Conyers, Georgia 3	0012		Ruskin	, Florida 33570	
ne and street address of F	lorida registered agent: (P.O. Box N	<u>OT</u> accepta	ble)		
Name:	Daniel Mendoza				-13 -13
	201 14 4 5:11/				- er > 런
Office Address:	201 4th Avenue NW				
	Ruskin			33570	•
			, Florida		

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.

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:				
Manager	Manager Name: Daniel Mendoza		Name: Jesus D. Robledo			
Member	Address: 201 4th Avenue NW	Member	Address: 201 4th Avenue NW			
Authorized	Ruskin, Florida 33570	Authorized	Ruskin, FL 33570			
Person		Person				
Other	Other	Other	Other			
Manager	Name:	Manager	Name:			
□Member	Address:	☐ Member	Address:			
□Authorized		Authorized	20			
Person		Person				
Other	Other	Other				
Manager	Name:	Manager	Name: 27 27			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person		Person	p. q.			
Other	Other	Other	Other			
Important Notice: Undexed individuals	se an attachment to report more than six (6), may be added to the index when filing your	The attachment will be inc Florida Department of State	aged for reporting purposes only. Non- e Annual Report form.			

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.

Control Number: 19040989

# STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## JD EXCAVATION LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18172626 Date Inc/Auth/Filed: 03/25/2019 Jurisdiction : Georgia Print Date : 11/07/2019

Form Number : 211



Brad Rafforagesger

Brad Raffensperger Secretary of State