

N20000006987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

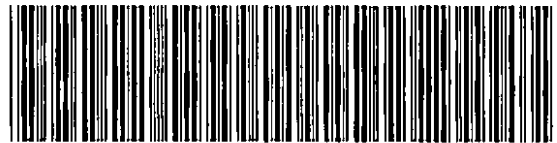
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07/24/20--01024--023 \*\*130.00

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JUL 21 2020

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2020 AUG 10 PM 3:12  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

45  
8/12/20 ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2020

DIANA KURPAKUS  
21463 TOWN LAKES DR.  
#0424  
BOCA RATON, FL 33486

SUBJECT: DAVIDIAN DESIGN AND BUILD, LLC  
Ref. Number: W20000083471

We have received your document for DAVIDIAN DESIGN AND BUILD, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 920A00014459

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: 920A00014459

RECEIVED  
AUG 10 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Davidian Design and Build, 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:

Diana Kurpakus  
Name of Person

Davidian Design & Build, LLC  
Firm/Company

21463 Town Lakes Dr. #0424  
Address

Boca Raton, FL, 33486  
City/State and Zip Code

diana@dauidian designbuild.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Kurpakus at ( 609 ) 9697945  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Davidian Design & Build, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "L.L.C.")

2. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3489684  
(FEI number, if applicable)

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

5. 21463 Town Lakes Dr #424  
(Street Address of Principal Office)

6. 532 Old Marlton Pk W. #50  
(Mailing Address)

Boca Raton, FL  
33468

Marlton, NJ 08053

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

Name: Diana Kurpakus

Office Address: 21463 Town Lakes Dr #0424

Boca Raton, Florida 33486  
(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.

Diana Kurpakus  
(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 checked="" type="checkbox"/> Manager	Name:	<u>Diana Kurpakus</u>		<input checked="" type="checkbox"/> Manager	Name:	<u>Walter Vorhley</u>	
<input type="checkbox"/> Member	Address:	<u>21463 Town Lake Dr</u>		<input type="checkbox"/> Member	Address:	<u>21463 Town Lakes</u>	
<input type="checkbox"/> Authorized		<u># 0424</u>		<input type="checkbox"/> Authorized		<u># 0424</u>	
Person		<u>Boca Raton, FL 33486</u>		Person		<u>Boca Raton, FL 33488</u>	
<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	
<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

Diana Kurpakus  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

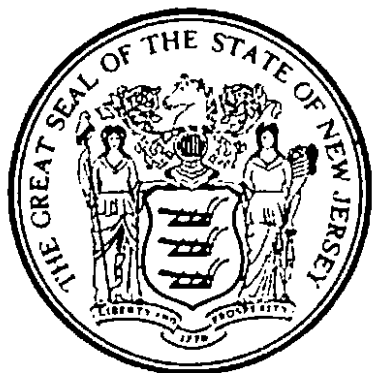
**DAVIDIAN DESIGN & BUILD, LLC**  
0450346395

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 04, 2019.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

UNITED STATES CORPORATION AGENTS, INC.  
330 CHANGEBRIDGE RD STE 101  
PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
10th day of July, 2020

Elizabeth Maher Muoio  
State Treasurer

2020 AUG 10 PM 3:13

Certificate Number : 6109095306

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)