M20000007680

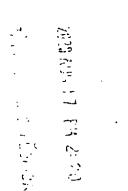
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	ty/State/Zip/Phone	
(Cit	ly/State/Zip/Filone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(2)		,
(D-		
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	

Office Use Only



800350371368

63/17/21 -01654--022 *-166.00





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2020

JULIA DRAKE 3737 LAMAR AVENUE SUITE:700 PARIS, TX 75460

SUBJECT: BRAD DRAKE CONSTRUCTION LLC

Ref. Number: W20000089866

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

We have received your document for BRAD DRAKE CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

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: 720A00015483

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SIR F	Brad Drake Construction LLC						
SUBJECT: Name of Limited Liability Company							
	losed "Application by Foreign Limited Liability Coe, and check are submitted to register the above re						
Pleaser	eturn all correspondence concerning this matter to	the following:					
	· Julia Drake						
		Name of Person					
	Brad Drake Construction LLC						
	<u> </u>	Firm/Company		7 6	2079		
	3737 Lamar Avenue, Suite 700						
		Address					
	Paris, TX 75460			•			
	QI	ty/State and Zip Code			<u> </u>	_	
	julia.drake@lamarteam.com			5	* .		
	E-mail address: (to be	used for future annual re	port notification)				
For furth	ner information concerning this matter, please call	:					
	Julia Drake	903	517-2385				
	Name of Contact Person	at () Area Code	Daytime Telephone	Number			
	Mailing Address Registration Section	Street Address Registration Sed	tion				
	Division of Corporations	Division of Corp					
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing	Fee & 🗎 \$160.001	Filing Fee, (atus & Cent			

ACTION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS 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.

(res number, pility) Alme (Mailing Address)	н арракионе у	7029 MIG 17 PH 2:21
oility)	н вприкаок)	78.29 KNS 17 P 7 2 21
ame		7029 MIG 17 PH 2:24
ame		12 5 14 LI 5117 67
ame		MR 17 PH 2: 21
ame		17 - 27 - 27
-	· · · · · · · · · · · · · · · · · · ·	J 6 5 51
-	<u>;</u> ;	70
(Mailing Address)	22	
	<u>;</u>	:2
	<u>;</u> ;	<u>:</u>
	;-	
		
33324 , Florida		
(Zip code)		
(Zip code)		nany at th
d agent and agree to act in	this capaci	ty. I furth
olete performance of my dut		
	aplete performance of my duti	

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: Bradley K Drake	□Manager	Name: Julia Drake
■Member	Address: 3737 Lumar Avenue	□Member	Address. 3737 Lamar Avenue
⊟Authorized	Suite 700, Paris, TX 75460	■Authorized	Suite 700, Paris, TX 75460
Person		Person	13.
□Other	Other	∃Other	Other
			 1707
⊡Manager	Name:	⊒Manager	Name.
□Member	Address	⊡Member	Address:
Authorized		☐ Authorized	
Person		Person	
□Other		□Other	 Other
⊒Manager	Name.	_ Manager	Name
□Member	Address:	□Member	Address:
⊒Authorized		□Authorized	
Person		Person	
⊡Other		□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 filling 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 fellony as provided for in s 817.155, F.S.

Julia Drake

Typost or printed name of agrees



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Brad Drake Construction LLC (file number 801828765), a Domestic Limited Liability Company (LLC), was filed in this office on August 06, 2013.

It is further certified that the entity status in Texas is in existence.

AND WITH THE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 09, 2020.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State