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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

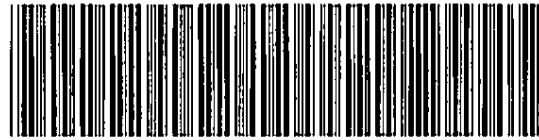
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FULL CIRCLE ENGINEERING & CONSTRUCTION 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:

KIFAYAT KHAN

Name of Person

FULL CIRCLE ENGINEERING & CONSTRUCTION LLC

Firm/Company

6732 CEDAR RIDGE CIRCLE

Address

MILTON, FL 32570

City/State and Zip Code

kkhan@fccm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIFAYAT KHAN

Name of Contact Person

850

at ( )

Area Code

525 - 6612

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

2020 FEB 17 AM 8:23

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FULL CIRCLE ENGINEERING & CONSTRUCTION LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. LOUISIANA 46-5521420  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 530 ASHBURY DRIVE 6732 CEDAR RIDGE CIRCLE  
(Street Address of Principal Office) (Mailing Address)  
SUITE G MILTON, FL 32570  
MANDEVILLE, LA 70471

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

Name: Mahmoud Tello  
Office Address: 6001 CATLIN DR  
TAMPA, Florida 33647  
(City) (Zip code)

2020 JUN 17 AM 8:23

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.

Mahmoud Tello

(Registered agent's signature)

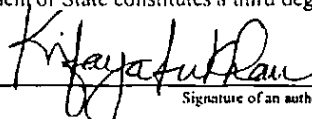
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>KIFAYAT KHAN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mahmoud Tello</u>
<input checked="" type="checkbox"/> Member	Address: <u>6732 CEDAR RIDGE CIRCLE</u>	<input type="checkbox"/> Member	Address: <u>6001 CATLIN DR</u>
<input checked="" type="checkbox"/> Authorized	<u>MILTON, FL 32570</u>	<input checked="" type="checkbox"/> Authorized	<u>TAMPA, FL 33647</u>
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 _____
 <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 _____

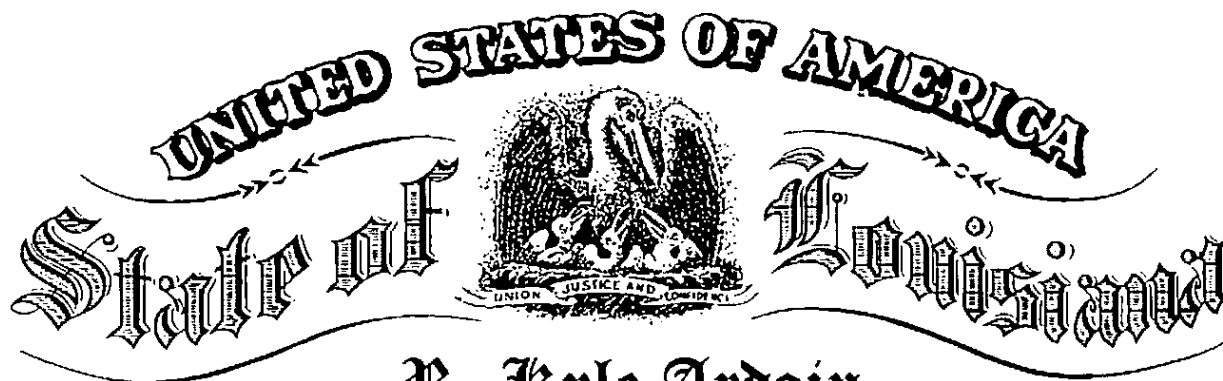
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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  
  
KIFAYAT KHAN  
 \_\_\_\_\_  
 Typed or printed name of signer

2020 JUN 7 11:08:23



**R. Kyle Ardoin**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**FULL CIRCLE ENGINEERING & CONSTRUCTION LLC**

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 04, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 27, 2020

*Secretary of State*

Web 41544186K



Certificate ID: 11245145#VAE52

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.

[www.sos.la.gov](http://www.sos.la.gov)