# N2000008401

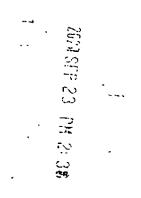
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
IRLEUROSOBM					

Office Use Only

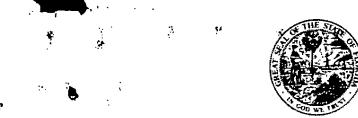


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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2020

750 HAMMOND DRIVE 750 HAMMOND DRIVE BUILDING 7, SUITE 200 ATLANTA, GA 30328

SUBJECT: VETERAN BUILDERS, LLC

Ref. Number: W20000103781

We have received your document for VETERAN BUILDERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P17000095522.

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: 620A00017353

RECEIVED SEP 2 2 2020

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# **COVER LETTER**

	stration Section ion of Corporations				
JBJECT:	Veteran Builders, LLC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company				
ne enclosed ' tistence, and	'Application by Foreign Limited Liability Co check are submitted to register the above re	ompany for Authorization to Transact Business in Florida." Certifica ferenced foreign limited liability company to transact business in Flo			
ase return a	all correspondence concerning this matter to	the following:			
	Albert Caproni III				
		Name of Person			
	Cohen & Caproni, LLC				
Firm/Company					
	750 Hammond Drive, Building 7, Suite	200 200 200 Address 223			
Atlanta, Georgia 30328		Address			
		, ω . 			
	Cit	y/State and Zip Code			
	acaproni@cohenandcaproni.com	ယ က			
	E-mail address: (to be	used for future annual report notification)			
or further inf	formation concerning this matter, please call	:			
Albert Caproni III		404 252-8080 at ()			
	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			
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEPA 125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee. Certifica			

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

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		orida. The alternate name must include "Limited Liability Compan			
Georgia		26-4800763 3			
Unrisdiction under the law of w	hich foreign limited hability company is organized)	(FEI number, if applicable	:}		
No business transacted			~ 3		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration () ine penalty frability ()	070		
80 Industrial Loop No	rth, Suite 6B	80 Industrial Loop North, Suite 6B	70Z0 SEP 23		
reet Address of Principal Office)		6. (Mailing Address)	З		
Orange Park, Florida 3	2073	Orange Park, Florida 32073	PK 2: 3%		
			∵ ?		
Name and street address Name:	ss of Florida registered agent: (P.O. Box Frank W. Abrahamsen	NOT acceptable)			
Office Address:	2949 Bernice Drive	<del></del>			
	Jacksonville	32257			
	Jackson The	, Florida(Zip code)			

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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:
<b>■</b> Manager	Name: Frank W. Abrahamsen	□Manager	Name: Alan Abrahamsen
□Member	Address: 2949 Beinice Drive	□Member	Address: 2151 Old Covington Hwy.
□Authorized	Jacksonville, Florida 32257	<b>■</b> Authorized	Conyers, Georgia 30012
Person		Person	
□Other	Other	Other	Other
			2027
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	T
Person		Person	<u></u>
		□Other	•
Other	Other		
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□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 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

Frank W. Abrahamsen

To paid or granted name of course

Control Number: 09016095

# 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

### VETERAN BUILDERS, 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 : 19518373 Date Inc/Auth/Filed: 03/05/2009 Jurisdiction : Georgia Print Date : 08/14/2020

Form Number : 211



Brad Raffersperger

Brad Raffensperger Secretary of State