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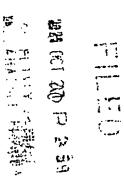
(Re	equestor's Name)				
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(Business Entity Name)					
(Do	ocument Number))			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

10.	Division of Corporations	•				
	a ns c	·	موتر			
SUBJI	IVARSSON CONSTRUCTION LLC FCT:					
		c of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin				
Please	return all correspondence concerning this matter	to the following:				
	ERIC CHRISTIANSEN					
		Name of Person				
	IVARSSON CONSTRUCTION LLC					
	Firm/Company					
	245 BLUE BELL CIRCLE					
	- · · · · · · · · · · · · · · · · · · ·	Address				
	SANTA ROSA BEAC, FLORIDA 32	456				
		City/State and Zip Code				
	IVARSSONLLC@GMAILCOM					
	E-mail address: (to b	e used for future annual report notification)				
For fur	rther information concerning this matter, please ca	ill:				
	ERIC CHRISTIANSEN	404 304 9896 at ()				
	Name of Contact Person	at ()Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & 🔲 \$155.00 Filing Fee & 🗐 \$160.00 Filing Fee, (



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2020

ERIC CHRISTIANSEN 75211 245 BLUE BVEEL CIR SANTA ROSEA BEACH, FL 32456

SUBJECT: IVARSSON CONSTRUCTION LLC

Ref. Number: W20000115460

Correct address

Santa Rosa Beach FL

32459

We have received your document for IVARSSON CONSTRUCTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00019655

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

IvarsSon Construction	LLC			
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Co	Company," "L.L.C., "or "LLC.")	
varsSon Construction Se	rvices LLC			
f name unavailable, enter alternate :	name adopted for the purpose of transacting business in Fl	korida. The alter	Iternate name must include "Limited Liability Company," "L. L. C.," or "LI	
GEORGIA			27-1664368	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(Fil number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration) ine penalty liab	ability)	
. مشن				
Street Address of Principal Office)	ARTHAS LANG	6	245 Blue Bell Ciecle (Muling Address)	
SANTA ROS	A Beach		SANTA ROSA BEACL	
SANTA ROS	7-11-0		Florida 32459	
MORIDA	32459		Morida 32459	
. Name and street addres	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acc	rceptable)	
Name:	ERIC CHRISTIANSEN		المعلومين ويكل المعرفي المعلومين المعلومين المعلومين المعلومين المعلومين المعلومين المعلومين المعلومين المعلوم المعلومين المعلومين	
,				
Office Address:	42 MARTHAS LANE			
	OANERA DOOA DEAZH		20150	
	SANTA ROSA BEACH		32459	
(Chy)		(Zip code)		

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	<u>y:</u>	Name and Address:
■ Manager	Name: ERIC CHRISTIANSEN	□Manager	Name:	
□Member	Address: 42 MARTHAS LANE	□Member	Address: _	
□Authorized	SANTA ROSA BEACH	□Authorized		
Person	FLORIDA, 32459	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		·
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	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

ERIC CHRISTIASEN

Typed or printed name of signee

Control Number: 10002383

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

IVARSSON CONSTRUCTION, 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 : 19659189 Date Inc/Auth/Filed: 01/11/2010 Jurisdiction : Georgia Print Date : 10/15/2020

Form Number : 211



Brad Rafforsperger