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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

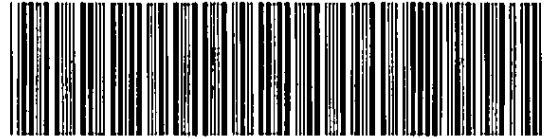
(Business Entity Name)

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T. J. ...

HBL CONTRACTING LLC

Millbrook, AL 36054 • 3343912058 • HBL.Contracting@yahoo.com

December 8,2020

HBL Contracting LLC

RE: Applying for a Foreign LLC

To FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS,

Please accept this letter as an expression of my interest in Applying for a Foreign LLC position. I am a highly motivated and progress-focused Contractor with a long-standing background in this industry. With a track record of initiative and dependability, I have devised strategic initiatives which I believe will prove valuable to my Company HBL Contracting LLC. In the state of Florida To help and serve others in their time of need .

Throughout the course of my career, I have perfected my Home Building and Remolding abilities. I am a capable and consistent problem-solver skilled at prioritizing and managing projects with proficiency.

Throughout My career I have contributed communication, decision-making, and honesty toward team efforts and business improvements. I am progressive minded and in tune with new developments in my field. I have proven to be effective and collaborative with strong critical thinking talents. I enjoy collective brainstorming sessions which all me to coordinate activities to achieve a common goal.

Please take a moment to review my attached application For a Foreign LLC. I would greatly appreciate the opportunity to be able to work in the State of Florida . Me and my family will be relocating and purchased property to build a home In Chipley , Florida. We are all very excited for this new start !

Sincerely,

HBL Contracting LLC

Billy Davis

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. HBL Contracting L.L.C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

HBL Davis 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. Elmore, Alabama (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-3785563 (FEI number, if applicable)

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

5. 2 Fitzpatrick st (Street Address of Principal Office)
Elmore, Alabama 36025
6. 2 Fitzpatrick st (Mailing Address)
Elmore, Alabama 36025

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

Name: Artasia Davis
Office Address: 21036 US Hwy 231 Lot 501
Fountain, Florida 32438
(City) Florida (Zip code)

FILED
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ALABAMA SECRETARY OF STATE

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.

Artasia Davis
(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>Artasia Davis</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>2 Fitzpatrick st</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Elmore, Al. 36025</u> | <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 checked="" 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

Billy Davis

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that HBL CONTRACTING LLC
was formed in Elmore County, Alabama on November 14, 2019. The Alabama
Entity Identification number for this entity is 592-829. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

12/07/2020

Date

John H. Merrill

Secretary of State