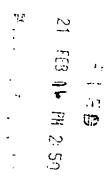
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(Requestor's Name)				
,	•			
(Ad	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #)	l		
PICK-UP	WAIT	MAIL		
(D)	usiness Entity Name)			
JB)	isiness Entity Name)			
(Do	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
Office Use Only				



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r	· */.	•	•		
R	egistration Section ivision of Corporations	·•.	•	:	•
SJEC1	A Reed Excavating LLC				
	1	Name of Limited Lia	bility Company		
	sed "Application by Foreign Limited Liabi and check are submitted to register the ab				
se retu	arn all correspondence concerning this mat	ter to the following:			
	Meghan Reed				
		Name of Per	son		
	A Reed Excavating LLC				
		Firm/Compa	ny		
	4055 Plumbago Place				
		Address			
	Lake Worth, FL 33462				
		City/State and Zij	Code		
	meghan.williamson82@gmail.com				
	E-mail address: (t	o be used for future	annual report notifica	ition)	
further	information concerning this matter, please	e call:			
M	feghan Reed	740 at (391-4985		
	Name of Contact Person	Area	Code Daytime	Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division The Cen	tion Section of Corporations tre of Tallahassee		
1	allahassee, FL 32314		Monroe Street, Si see, FL 32303	lite 810	
Pi	nclosed is a check for the following amounteese make check payable to: FLORIDA I \$125.00 Filing Fee	DEPARTMENT OF \$155		\$160.00 Filing Fee, Certi of Status & Certified	



February 3, 2021

MEGHAN REED A REED EXCAVATING LLC 4055 PLUMBAGO PLACE LAKE WORTH, FL 33462

SUBJECT: A REED EXCAVATING LLC

Ref. Number: W21000011703

We have received your document for A REED EXCAVATING LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$125.00.

We have received your document for A REED EXCAVATING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 921A00002491

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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

A Reed Excavating LL							
(Name of Foreign A & M Reed Excavating	Limited Liability Company; must include "Limited LLC	d Liabilit	y Comp	pany," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	lorida. The	alternate	e name must include "Limited I	iability Company	/,""L.L.C," (or "LI.C.")
Ohio 2.		3.		625913			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		-	(FEI num	ber, if applicable)	
n/a 4.							
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registratio inc penalty	n.) liability	<i>(</i>)			
4055 Plumbago Place 5.		6.	4055	Plumbago Place			
5. (Street Address of Principal Office)			-	(Mailing Address)			
Lake Worth, FL 33462			Lake	Worth, Fl			
					Ą	153	
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT	accept	table)		EE3	_ .,
7. Name and suces address	S of Fronda registered agent. (F.O. Dox	. IVOI	ассері	iaoie)		6	
Name:	Registered Agents Inc					图》	ti)
Office Address:	7901 4th St N STE 300					2: 50	
ornee rudiess.	St. Petersburg			– 33702 , Florida			
	(City)		<u> </u>	(Zip code)			

istered agent's acceptance:

ing been named as registered agent and to accept service of process for the above stated limited liability company at the place in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

(Registered agent seignature)

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:
■Manager	Name: Adam Reed	■Manager	Name: Meghan Reed
■Member	Address: 52912 State Route 145	■Member	Address: 4055 Plumbago Place
□Authorized	Beallsville, OH 43716	□Authorized	Lake Worth, FL 33462
Person	740-391-6202	Person	740-391-4985
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	

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

tached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the liction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath translator must be submitted)

is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Meghan Reed

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show A REED EXCAVATING LLC, an Ohio For Profit Limited Liability Company, Registration Number 2019198, was organized within the State of Ohio on May 6, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



4 . 1 . .

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of January, A.D. 2021.

Ohio Secretary of State

Ful John

Validation Number: 202102803478

RECEIVED