

HONOR ORIGINAL DATE 04-21-2021

To: 18506176383 , 850-617-6381	Page:2 of 6 	2021-05-10 08:35-53 21 12:58:55 PM	1954208084 17001 Fa:	5 K Server	From: Ranae McGraw
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May 6, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: I AND P CONSTRUCTION, LLC REF: W21000055380

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Mel Solomon Senior Section Administrator FAX Aud. #: H21000159444 Letter Number: 921A00009504

HONOR ORIGINAL DATE 04-21-2021

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

IN COMPLIANCE WITH SECTION 6050802, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. I DUITED LIABILITY COMPANY TO TRANSIC TBUSINESS IN THE STATE OF FLORIDAT

Land P Construction, LLC Ŧ

tName of Foreign Finited Lubility Company: must metade "Finited Lightlay Company, "T.I.C.," or "TEC." in Itwin Acoustics, LLC

If name unovailable, other alternate many adapted for the purpose of transacting bargasts in Flanda	The alternate came substanclose "I muted I sabinty Co	ondust internet i
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3.

Alabama 2.

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i	Date has immacred business of Funds of prior in registration (See sections with 0901 & 605 0305, U.S. to detern respondly hability)	
	See sections Mr. (put) at hus they, it is, in acterin the permanentation	

21215 State Hwy, 181 5. Street Address of Principal Office	G(Mailing (wildress)
Fairhope, AL 36532	Fuithope, AL 36533

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

Name: Office Address:	C T Corporation System		ORETA ALLA	Here I	
	1200 South Pine Island Road		ANS O	1 PM 4: 3	m
	Plantation	33324	E STAT		D
	iCavi	154	· _	<u></u>	

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.

Christine Kelm Assistant Secretary___ Bv:

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>i</u>	Name and Address:
EManager	Mark Iswin Name:	⊡Manager	Name:	
DMember	Address:	ElMember	Address:	
Authorized	Fairhope, AL 36532	Authorized		
Person		Person		
🗇 Other	Other	[] Other		_Other
Manager	Name:	🖸 Manager	Name:	
Member	Address:	CMember	Address:	
⊡Authorized		Authorized		
Person		Person	<u> </u>	
[]Other	Other	[]Other		COther
□Manager	Name:	CManager	Name:	, , , , , , , , , , , , , , , , , , ,
⊡Member	Address:	⊡Member	Address:	
]]Authorized		Authorized		
Person		Person		
Other	Other	DOther		COther

<u>important Notice</u>: Use an attachment to report more than $six(\phi)$. The attachment will be imaged for reporting purposes only. Nonindexed 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 unaslator must be submitted)

10. This document is executed in accordance with section 605.0393 (1) (b). Florida Statutes, 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155. F.S.

Signature of an authonized person

Mark Irwin

Typed or printed matter of sugare

