

US  
7/23/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2021

SONDRA BOHNER  
1307 SE 16TH STREET  
CAPE CORAL, FL 33990

SUBJECT: BAKER EXCAVATING, LLC  
Ref. Number: W21000102401

We have received your document for BAKER EXCAVATING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 921A00016645

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Baker Excavating, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandra Banner  
Name of Person

Baker Excavating, LLC  
Firm/Company

1307 SE 16th Street  
Address

Cape Coral FL 33990  
City/State and Zip Code

bakerexcavatingllc@gmail.com  
E-mail address: (to be used for future annual report notification)

2021 JUL 23 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Sandra Banner at (239) 627-6916  
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Baker Excavating, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Missouri  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 42-1749524  
(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. 1307 SE 16th Street  
(Street Address of Principal Office)
6. 1307 SE 16th Street  
(Mailing Address)
- Cape Coral, FLA 33990
- Cape Coral  
33990

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

Name: Sandra Bohner

Office Address: 1307 SE 16th Street

Cape Coral, Florida 33990  
(City) (Zip code)

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.

Sandra Bohner  
(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>Brian Baker</u>	<input type="checkbox"/> Manager	Name: <u>Sondra Schiner</u>
<input type="checkbox"/> Member	Address: <u>1307 SE 16th Street</u>	<input type="checkbox"/> Member	Address: <u>1307 SE 16th Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Cape Coral, FL</u>	<input checked="" type="checkbox"/> Authorized	<u>Cape Coral, FL</u>
Person	<u>33990</u>	Person	<u>33990</u>
<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 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 _____

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TALLAHASSEE, FL

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.

Brian Baker  
Signature of an authorized person

Brian Baker

# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

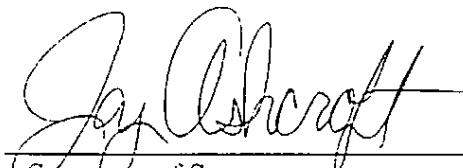
## CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

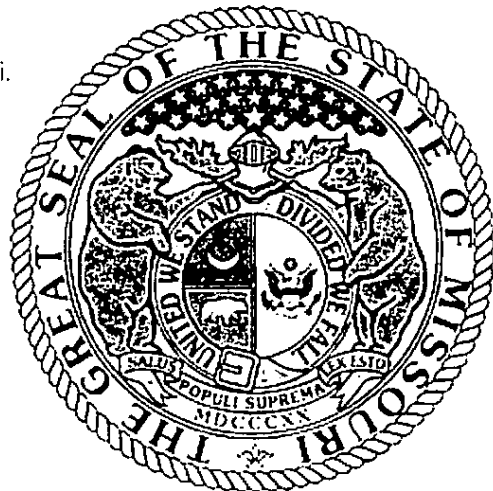
**Baker Excavating, LLC**  
**LC0858895**

A Missouri entity was created under the laws of this State on 12/3/2007, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and  
cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, the 9th day of July, 2021.

  
Secretary of State

Certification Number: CERT-IN93421



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SECRETARY OF STATE  
JALLANASSEE, FL