

8/11/2021

Division of Corporations

M 21000010419

Florida Department of State
Division of Corporations
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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

JIM.KEESE@KEECONST.COM
Email Address: _____

Foreign Limited Liability Company

KEE CONSTRUCTION SERVICES & CONSULTING LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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H21000303020

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. KEE CONSTRUCTION SERVICES & CONSULTING LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. TEXAS 3. 47-5544431
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2200 DICKINSON AVENUE 6. 2200 DICKINSON AVENUE
(Street Address of Principal Office) (Mailing Address)
DICKINSON, TX 77539 DICKINSON, TX 77539

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

Name: JAMES KEESE
Office Address: 4712 MONTROSE AVENUE
PONCE INLET, Florida 32127
(City) (Zip code)

FILED
2021 AUG 11 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL

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.

JAMES KEESE
(Registered agent's signature) JAMES KEESE

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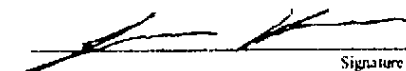
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: JAMES KEESE	<input type="checkbox"/> Manager	Name: DAVE KOELZER
<input checked="" type="checkbox"/> Member	Address: 4712 MONTROSE AVENUE	<input checked="" type="checkbox"/> Member	Address: 4710 PLUM DRIVE
<input type="checkbox"/> Authorized	PONCE INLET, FL 32127	<input type="checkbox"/> Authorized	DICKINSON, TX 77539
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
 <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

JAMES KEESE

Typed or printed name of signer

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



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Jose A. Esparza
Deputy Secretary of State

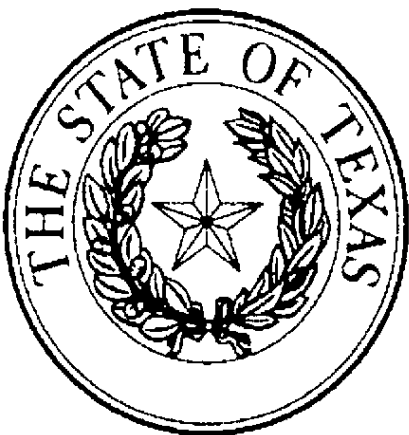
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kee Construction Services & Consulting LLC (file number 802322723), a Domestic Limited Liability Company (LLC), was filed in this office on October 30, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 10, 2021.



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line extending to the right.

Jose A. Esparza
Deputy Secretary of State