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(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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FILED

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COVER LETTER

Division of Corporations	
SUBJECT: DeW-Crete L.L.C.	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica 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:	
Ranald Coney Swanson Name of Person	
De No-Crete L.L.C. Firm/Company	
5628 Sanders Ave	
AdamSville AL 35005 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Loney Successon at (Hot), 276-4H3 Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Daytime Telephone Number	
Mailing Address: Street Address: Desired to the Control of the C	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 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 X \$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	
Reference Letter Number 221A00020744	
Reference Letter Number 221A00020744	

RECEIVED OCT 0 7 2021



August 27, 2021

RONALD SWANSON 5628 SANDERS AVE ADAMSVILLE, AL 35005

SUBJECT: DEKO-CRETE LLC Ref. Number: W21000117969

We have received your document for DEKO-CRETE LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$51.25 due.

The document you sent in is for a Foreign Corporation but the name you sre wanting to file is a Foreign LLC. You will need to file the Foreign LLC document.,

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.

Letter Number: 221A00020744

Tracy L Lemieux Regulatory Specialist II

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:
Name of Foreign Limited Liability Coms. include "Limited Liability Company," "L.t.,C.," or "L.t.C.,"
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lunited Liability Company," "L.L.C." or "LLC.")
2. Teffers (and Al) (Fernumber, if applicable) 3. 65-3519028 (Fernumber, if applicable)
4. OTIDE (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 5628 Sanders Ave. 6. 5628 Sanders Ave. (Street Address of Principal Office) 6. (Mailing Address)
Adamsvine AL. Adamsvine AL
35005 35005
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Rorald Swanson (corry)
Office Address: 5191 Capital Ciale
Tallahassee Florida 32305 co
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.
(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Rorald Corey Swarson	Manager	Name: Brianno Hall
□Member	Address: 5626 Sandels	□Member	Address: 5/28 Sanders
Authorized	ave. Adamsvine, At.	Authorized	Ave. Adamsville
Person	35045	Person	At. 3500S
□Other	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	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

Exped or printed name of signee

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 Deko-Crete LLC was formed in Madison County, Alabama on October 15, 2020. The Alabama Entity Identification number for this entity is 743-030. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210822000000778

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.

08/22/2021

Date

X. W. Merill

John H. Merrill

Secretary of State