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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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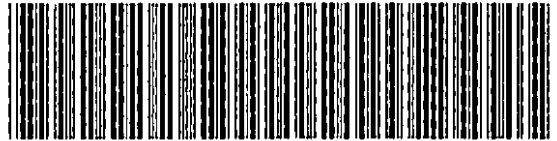
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT -5 PM 12:15

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DECON LLC

2180 NORTH LOOP W. STE 221

HOUSTON, TX 77018

Registration Section

Division of Corporations

Attn: Diane Cushing

P.O. 6327

Tallahassee, FL 32314

RE: RESPONSE TO LETTER ON FILE REF. F20000004979 FOR DECON LLC

Dear Diane Cushing,

In response to the rejection of the Resolution to Withdraw Alternate Name in the State of Florida for Decon Structural Engineering Corp, attached herein and dated July 29, 2021, please accept the filing of the Decon LLC registration as a foreign LLC. Please void the incorrect qualification as a foreign corporation for Decon LLC and accept the attached filing as a Foreign LLC, with the name of Decon LLC. Enclosed is a check payable to the Florida Department of State for \$160.

Please contact the undersigned, if there are any issues in voiding the incorrect foreign corporation qualification and accepting the registration as a foreign LLC named Decon LLC.

Sincerely,

Adriana Suarez

-- COVER LETTER --

TO: Registration Section
Division of Corporations

SUBJECT: DECON 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:

FULVIO JARAMILLO

Name of Person

DECON LLC

Firm/Company

2180 NORTH LOOP W. STE 221

Address

HOUSTON TX 77018

City/State and Zip Code

FJARAMILLO@DECONENG.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT -5 PM 12:15

FILED

For further information concerning this matter, please call:

ADRIANA SUAREZ

832

919-6001

at ()

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. DECON LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DECON 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 27-2622427
(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. 2180 NORTH LOOP W. STE 221 2180 NORTH LOOP W. STE 221
(Street Address of Principal Office) (Mailing Address)

HOUSTON TX 77018

HOUSTON TX 77018

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG 33702
(City) , Florida (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.


(Registered agent's signature)

FILED
2021 OCT -5 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL

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:

☒ Manager Name: FULVIO JARAMILLO

☐ Member Address: 5428 MCCULLOCH CIRCLE

☐ Authorized HOUSTON, TX 77056

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: SONIA JARAMILLO

☐ Member Address: 5428 MCCULLOCH CIRCLE

☐ Authorized HOUSTON, TX 77056

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: ADRIANA SUAREZ

☐ Member Address: 2180 North Loop West, Ste 221

☐ Authorized HHOUSTON, TX 77018

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

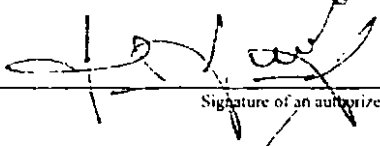
Person _____

☐ 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

FULVIO JARAMILLO

Typed or printed name of signee



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 DECON LLC (file number 801270400), a Domestic Limited Liability Company (LLC), was filed in this office on May 18, 2010.

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 September 10, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State