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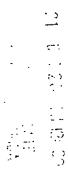
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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12/20/21--01034--020 **125.00



T. LEMIEUX DEC 28 2021

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT: Vazquez Commercial Contracting LLC Name of Limited Liability Company						
Please return all correspondence concerning this matter to the following:						
Joe C. Vazquez						
Name of Person						
Vazquez Commercial Contracting LLC						
Firm/Company						
3303 Gillham Road						
Address						
Kansas City, MO 64109						
City/State and Zip Code						
joev@vazquezcc.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
·	Joe C. Vazquez	_{at (} 816	<u>,</u> 569-6869			
	Name of Contact Person	Area Code				
D. Ro P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE						
_	S125.00 Filing Fee S130.00 Filing Fee & Certificate of Statu	\$155.00	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN HMITED LABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

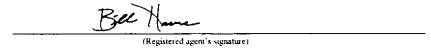
1. Vazquez Commercial Contracting LLC

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

1. Vazquez Comm	ercial Contracting LLC Limited Liability Company; must include "L.	mutal Liabitus Company "" L.C. " or "L	TC "	
rwame or roteign i	Annied Lizanity Company, must medide 1.	anned maonity Company, Later, or the	/	
(If name unavailable, enter alternate na	une adopted for the purpose of transacting business	in Florida. The alternate name must include "Limit	ed Liability Company," "L.L.C," or "LLC.")	
₂ Missouri		_{3.} 800455983		
(Jurisdiction under the law of wh	ich foreign limited liabtlity company is organized)	(FE	I mumber, if applicable)	
12/13/202	1			
·	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to di	nor to registration) etermine penalty liability)		
Vazquez Commercial Contracting		6	ercial Contracting LLC	
(Street Address of Po	rincipal Office)	(Mailin	g Address)	
2202 N. West Sh	ore Blvd, Suite 200	3303 Gillham Road		
Tampa, FL	. 33607	Kansas City, MO 64109		
7. Name and street address	s of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	FILE 21 DEC 20	
Name:	LEC 20 Pi			
Office Address:	7901 4th St N S	STE 300	D PH 12: 30	
	St. Petersburg	Florida $\frac{33}{\alpha}$	702	

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.



manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Nate Roseburrough _{Name:} Joe Vazquez Manager ✓ Manager Address: Vazquez CC Address: Vazquez CC ☐ Member Member 2202 N. West Shore Blvd, Suite 200 2202 N. West Shore Blvd, Suite 200 Authorized Authorized Tampa FL, 33607 Tampa, FL 33607 Person Person Other____ Other___ Other_ Other____ Name: Tom Roseburrough Name: _____ Manager Manager Address: Vazquez CC Member Member Address: 2202 N. West Shore Blvd, Suite 200 Authorized Authorized Tampa, FL 33607 Person Person Other____ Other Other Other____ Name: Manager Name: _____ Manager Member Address: Member Address: Authorized Authorized Person Person Other_ Other___ Other____ Important Notice: Use an attachment to report more than six (6). 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 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 Joe C. Vażguėz

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CORPORATION DIVISION 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

Vazquez Commercial Contracting, LLC LC0934981

was created under the laws of this State on the 9th day of December, 2008, and is active, having fully complied with all 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, this 14th day of December, 2021.

Secretary of Stale

THE SHEET SH

Certification Number: CERT-12142021-0010