

M22000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

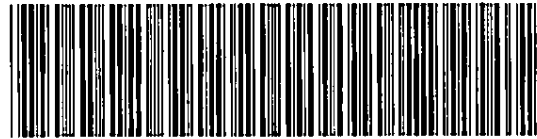
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000135908 04099

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APPROVED  
AND  
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2022 JAN 19 PM 3:31  
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JAN 18 2022  
K. Brumbley



ARES CONSTRUCTION, LLC  
(281) 682-9887  
306 WEST MONTGOMERY STREET  
WILLIS, TEXAS 77378  
SERVING TEXAS & FLORIDA

January 19, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Rejected Registration Filing of Foreign  
LLC - #W21000135908  
Ares Construction, LLC  
43 Ridge View Ct  
Pensacola, FL 32514

Dear Sir or Madam:

As we understand, our application of foreign limited liability company to transact business in Florida was rejected because the name Ares Construction LLC is not available.

Please find enclosed a re-submitted application page designating Ares Construction of Florida, LLC as an alternate name for the purposes of transacting business in Florida.

Thank you in advance for your acceptance and approval of the application.

Regards,

Robert Oliver Fuller  
Manager

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARES CONSTRUCTION, 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:

ROBERT OLIVER FULLER

\_\_\_\_\_  
Name of Person

ARES CONSTRUCTION, LLC

\_\_\_\_\_  
Firm/Company

43 RIDGE VIEW CT.

\_\_\_\_\_  
Address

PENSACOLA, FL 32514

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@ARESBUILD.COM

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

For further information concerning this matter, please call:

TAYLOR FULLER

281

615-5754

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

ARES CONSTRUCTION OF FLORIDA, 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. 83-3150958  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 43 RIDGE VIEW CT. 6. 43 RIDGE VIEW CT.  
(Street Address of Principal Office) (Mailing Address)  
PENSACOLA, FL 32514 PENSACOLA, FL 32514

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

Name: TAYLOR FULLER

Office Address: 43 RIDGE VIEW CT.

PENSACOLA, Florida 32514  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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.

[Signature]  
(Registered agent's signature)

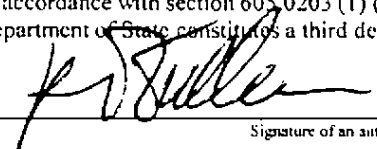
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	ROBERT FULLER		<input type="checkbox"/> Manager	Name:	SCOTT SCHMECK	
<input type="checkbox"/> Member	Address:	13923 HUNTERS CT		<input checked="" type="checkbox"/> Member	Address:	4791 JACKSON SQUARE DR	
<input type="checkbox"/> Authorized		MONTGOMERY, TX 7356		<input type="checkbox"/> Authorized		CONROE, TX 77304	
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  
  
ROBERT FULLER  
\_\_\_\_\_  
Typed or printed name of signer



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Ares Construction, LLC (file number 803201229), a Domestic Limited Liability Company (LLC), was filed in this office on January 03, 2019.

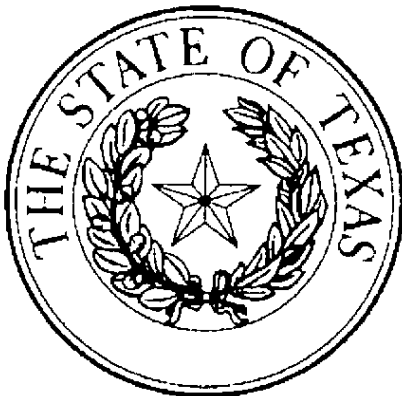
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate LAWYER'S AID SERVICE, INC. as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

505 WEST 15TH STREET

AUSTIN, TX - 78701 USA

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 January 19, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State