

M22000004076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

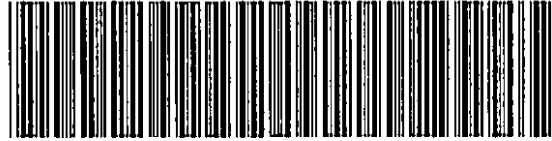
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S. FRANKLIN

MAR 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunland Asphalt & 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:

Barbara Ferris

Name of Person

Sunland Asphalt & Construction, LLC

Firm/Company

1625 E Northern Avenue

Address

Phoenix, AZ 85020

City/State and Zip Code

contractadmin@sunlandasphalt.com

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

For further information concerning this matter, please call:

Barb Ferris

602 304-4017
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

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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. Sunland Asphalt & Construction, 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. Delaware 86-0455988
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1625 E Northern Avenue
(Street Address of Principal Office)
Phoenix, AZ 85020
6. 1625 E Northern Avenue
(Mailing Address)
Phoenix, AZ 85020

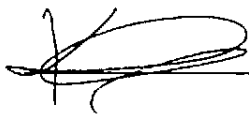
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services Inc.
Office Address: 1200 South Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)

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FLORIDA

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)
Kimberly Bowens, Asst. Secretary

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: | Douglas DeClusin | | <input checked="" type="checkbox"/> Manager | Name: | Thomas Lawless | |
| <input type="checkbox"/> Member | Address: | 1625 E Northern Ave | | <input type="checkbox"/> Member | Address: | 1625 E Northern Ave | |
| <input type="checkbox"/> Authorized | | Phoenix, AZ 85020 | | <input type="checkbox"/> Authorized | | Phoenix, AZ 85020 | |
| | 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 | |

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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.

→ Thomas Lawless
Signature of an authorized person
Thomas Lawless
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNLAND ASPHALT & CONSTRUCTION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNLAND ASPHALT & CONSTRUCTION, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


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JULIA A. ROSE, CLERK



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SR# 20220015531

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202307991

Date: 01-04-22



www.SunlandAsphalt.com

PHOENIX
TUNSON
NEVADA
NEW MEXICO
COLORADO
OKLAHOMA
TEXAS

March 18, 2022

VIA EMAIL: Sharon.franklin@dos.myflorida.com

Sharon Franklin
Regulatory Specialist 2
Division of Corporations
Department of State

Re: Application by Foreign Limited Liability Company for Sunland Asphalt and Construction, LLC

Dear Ms. Franklin,

Sunland Asphalt & Construction, LLC, filed Articles of Dissolution (L21000253313) on February 8, 2022, and more recently an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. They are both the same company; a domestic filing was made in error, this is to correct the filing to a foreign LLC in Florida. Sunland Asphalt & Construction, LLC, (L21000253313) releases the name for use on the Application by Foreign Limited Liability Company. Thank you.

Sincerely,

Douglas DeClusin
CEO

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TALLAHASSEE, FL