

M22000012128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

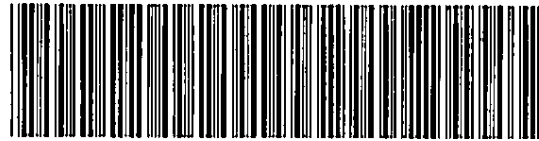
(Document Number)

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06213

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2022 AUG 3 - 1 PM 7:19

S. FRANKLIN

AUG - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Build Right 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:

David Oakes

Name of Person

Build Right Construction, LLC

Firm/Company

1910 Silver Crest Dr.

Address

Edmond, Oklahoma 73025

City/State and Zip Code

David@builtright.biz

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

For further information concerning this matter, please call:

David Oakes

405

641-1557

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

2022 AUG - 1 PM 7:19

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. Build Right Construction, LLC

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

Build Right Services, 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. Oklahoma

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4506964

(FEI number, if applicable)

4. July 11, 2022 (scheduled start date)

(Date first transacted business in Florida; if prior to registration,
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 1910 Silver Crest Dr.

(Street Address of Principal Office)

6. 1910 Silver Crest Dr.

(Mailing Address)

Edmond

Edmond

Oklahoma 73025

Oklahoma 73025

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

Name: Troy Reynolds

Office Address: 219 6th Avenue

Indianapolis

(City)

Florida

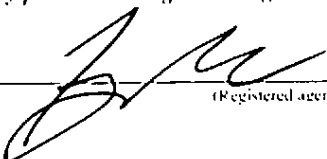
32906

(Zip code)

2022 JUN - 1 PM 7:19

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]:

<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: <u>David Oakes</u>	<input type="checkbox"/> Manager	Name: <u>George Couture</u>
<input checked="" type="checkbox"/> Member	Address: <u>1910 Silver Crest Dr.</u>	<input checked="" type="checkbox"/> Member	Address: <u>1910 Silver Crest Dr.</u>
<input type="checkbox"/> Authorized	<u>Edmond, Oklahoma 73025</u>	<input checked="" type="checkbox"/> Authorized	<u>Edmond, Oklahoma 73025</u>
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	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.

David Oakes

Signature of an authorized person

David Oakes

Typed or printed name of signee

2022 AUG - 1 PM 7:19

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that BUILD RIGHT CONSTRUCTION, LLC whose registered agent is DAVID L OAKES, with its registered office at 1910 SILVER CREST DR EDMOND, Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

PM 7:19



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 27th day of June, 2022.

Brian Blagden

Secretary Of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2022

DAVID OAKES
1910 SILVER CREST DR
EDMOND, OK 73025 US

SUBJECT: BUILD RIGHT CONSTRUCTION, LLC
Ref. Number: W22000094181

We have received your document for BUILD RIGHT CONSTRUCTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 622A00015999

RECEIVED
AUG 01 2022

Corrected
7/27/2022
JRO