

M22 000015231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

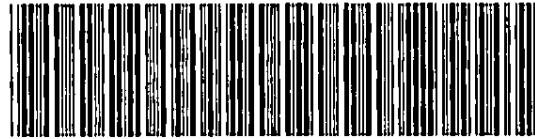
(Document Number)

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OCT 4 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fida 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:

Fidacelfo Anibal Gomez Lucas  
Name of Person

Fida Construction LLC  
Firm/Company

2110 Popp's Ferry Rd Apt B3  
Address

Biloxi, Mississippi, 39532  
City/State and Zip Code

fidaconstructionllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Chong at ( 228 ) 2769813  
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. Eida 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. Mississippi 3. 87-3899668  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Waiting for license to proceed.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2110 Poppo ferry Rd. 6. 2110 Poppo ferry Rd  
(Street Address of Principal Office) (Mailing Address)  
Apt B3, Biloxi Apt. B3, Biloxi  
MS. 39532 MS 39532

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

Name: Cristina E. Chong Mercado

Office Address: 2700 Cycle dr Lot 1

Pensacola . Florida 32526-8906  
(City) (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.

Cristina Chong  
(Registered agent's signature)

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STATE OF FLORIDA  
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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:	Fidelberto A. Gomez Lucas		<input type="checkbox"/> Manager	Name:	Cristina E. Chong Merced	
<input type="checkbox"/> Member	Address:	2110 Papps ferry Rd		<input type="checkbox"/> Member	Address:	2110 Papps ferry Rd	
<input type="checkbox"/> Authorized Person		Apt B3 Biloxi MS 39532		<input checked="" type="checkbox"/> Authorized Person		Apt B3 Biloxi MS 39532	
<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 Person				<input type="checkbox"/> Authorized 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 Person				<input type="checkbox"/> Authorized 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 Person				<input type="checkbox"/> Authorized 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

Fidelberto Anibal Gomez Lucas  
\_\_\_\_\_  
Typed or printed name of signee



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **FIDA CONSTRUCTION LLC**

Registered the 8th day of December, 2021

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2110 POPPS FERRY RD , APT B3  
BILOXI, MS 39532

And that the registered agent at that address is:

CRISTINA ELVIRA CHONG MERCADO

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 19th day of September, 2022

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN22148721

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2022

FIDADELFO ANIBAL GOMEZ LUCAS  
FIDA CONSTRUCTION LLC  
2110 POPPS FERRY RD, APT B3  
BILOXI, MS 39532

SUBJECT: FIDA CONSTRUCTION LLC  
Ref. Number: W22000110013

We have received your document for FIDA CONSTRUCTION LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 422A00020114

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SEP 27 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2022

FIDADELFO ANIBAL GOMEZ LUCAS  
FIDA CONSTRUCTION LLC  
2110 POPPS FERRY RD, APT B3  
BILOXI, MS 39532

SUBJECT: FIDA CONSTRUCTION LLC  
Ref. Number: W22000110013

We have received your document for FIDA CONSTRUCTION LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Owner is not an acceptable title.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 522A00019076