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	(Requestor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SHRI	Conquest Design & Development Group	LLC					
3003	UBJECT:						
		y Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact busi					
Please	return all correspondence concerning this matter	to the following:					
	R. Shawn McBride						
	,						
		Firm/Company					
	360 Decrfoot Rd.		2022 SEP.				
	Address						
	DeLand, Florida 32720		P 30 TARE				
	tglover@conquestddg.com						
	E-mail address: (10)	be used for future annual report notification)	3: 34 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:				
For fur	ther information concerning this matter, please c	all:					
	R. Shawn McBride	214 418-0258					
	Name of Contact Person	at ()					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DE  \$125.00 Filing Fee \$130.00 Filing F  Certificate	ce & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee,					

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

IN COMPLIANCE WITH SECTION 608.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Conquest Design & Development Group LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") B7-3907774 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 9/26/2022 (Dute first managed business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to desermine penalty lightlity) 603 E. Fort King Street 603 E. Fort King Street (Street Address of Principal Office) Ocala, FL 34471 Ocala, Fl. 34471 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Business Filings Incorporated 1200 South Pine Island Ld. Blantation Bland 2220cl Name: Office Address:

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.

Acgistated 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]:

Title or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
<b>≘</b> Manager	Name: F. Andrew Gerdes	□Manager	Name: Tracy Glover
<b>≣</b> Member	Address: 603 E. Fort King Street	■Member	Address: 603 E. Fort King Street
<b>■</b> Authorized	Ocala, FL 34471	□Authorized	Ocala, FL 34471
Person		Person	
□Other	∐Other	□Other	Other
□Manager	Name:	□Manager	Name: Grant Claussen
<b>■</b> Member	Address: 603 E. Fort King Street	⊞Member	Address: 603 E. Fort King Street
□ Authorized	Ocala, FL 34471	□Authorized	Address: 603 E. Fort King Street 28
Person		Person	SSE 30 F
Other	Other	□Other	ClOther Co
			<del>έ</del> m <b>G</b>
□Manager	Name: Ryan Moore	□Manager	Name:
Member	Address: 603 E. Fort King Street	□Member	Address:
Authorized	Ocala, FL 34471	□ Authorized	
Person	·	Person	
TOther	DOther	Other	□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.

F. Andrew Gerden
Signature of an authorized person

F. Andrew Gerdes



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONQUEST DESIGN & DEVELOPMENT GROUP

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 TWELFTH DAY OF SEPTEMBER, A.D. 2022.

Authentication: 204366358

Date: 09-12-22