(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:						
2ei/222						

Office Use Only



000396926600

11/14/22--01039--005 ##125.00

GEC 22 2022 M. SOLOMON

COVER LETTER :

TO:	Registration Section Division of Corporations					
SUBJE	Raze Construction LLC					
SODJI		Limited Liability Company	-			
		mpany for Authorization to Transact Business in Florida erenced foreign limited liability company to transact bus				
Please	return all correspondence concerning this matter to th	e following:				
	Derrick A. Wilson					
Name of Person						
	Raze Construction LLC					
	Firm/Company					
	14359 Miramar Pkwy. #456					
	Address					
Miramar, FL 33027						
	City/State and Zip Code					
	info@razeconstruction.com					
	E-mail address: (to be us	ed for future annual report notification)	-			
For fur	her information concerning this matter, please call:					
	Derrick A. Wilson	_{at} 786 971-5822				
	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 DEPAR \$\Begin{array}{c} \Boxed{S125.00} \text{ Filing Fee} & \Boxed{S130.00} \text{ Filing Fee} & \Certificate of S	□ \$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 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:

(Name of Foreign I	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")				
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Co	mpany," "L.L.C." or "LLC.")			
Delaware		_{3.} 47-4066261				
	nich foreign limited liability company is organized)	(FEI number, if appl	icable)			
N/A	(Date first transacted business in Florida, if prior to be	gistration)				
4.4050.14	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine					
14359 Mira	amar Pkwy.	6. 14359 Miramar Pkwy.				
#456		#456				
Miramar, FL 33027		Miramar, FL 33027 ≅				
	s of Florida registered agent: (P.O. Box		PIDEC 22			
Name:	Registered Agents Inc		## 2:			
Office Address:	7901 4th St N STE 300		17			
	St. Petersburg	. Florida 33702				
	(City)	(Zip code)				

(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]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Manager	Name: Derrick A. Wilson	□Manager	Name:	
Member	Address: 3127 Apple Road NE	□Member	Address:	
□Authorized	Washington, DC 20018	□Authorized		
Person		Person		
Other	Other	□Other	<u> </u>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	2022
□Authorized		□Authorized		
Person		Person		22
□Other	Other	Other		□Other 2:
				2: 17
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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.

J. William

Derrick A. Wilson

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RAZE 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 NINETEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAZE CONSTRUCTION LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

Authentication: 204659916

Jeffrey VI Busick, Secretary of State

Date: 10-19-22



December 7, 2022

DERRICK A. WILSON RAZE CONSTRUCTION, LLC 14359 MIRAMAR PKWY. #456 MIRAMAR, FL 33027

SUBJECT: RAZE CONSTRUCTION, LLC

Ref. Number: W22000150436

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Mel Solomon Senior Section Administrator

Letter Number: 022A00027144

PEC 2 2 2022

www.sunbiz.org

DO DOV COST E U.S. STATE DO