

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M2300000167**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
 Account Number : 120180000011  
 Phone : (844)386-0178  
 Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company**  
**DJM SPRAY FOAM INSULATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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FEB - 8 2023  
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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. DJM SPRAY FOAM INSULATION 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. CONNECTICUT

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

3. 85-2733873

(FEI number, if applicable)

4. N/A

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

5. 4701 OLD CANOE CREEK RD

(Street Address of Principal Office)

6. (Mailing Address)

UNIT 701637

ST CLOUD, FL 34770

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

Name: ANDREA OROZCO

Office Address: 4701 OLD CANOE CREEK UNIT 701637

ST CLOUD

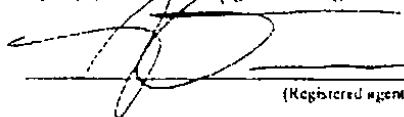
(City)

, Florida 34770

(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.



(Registered agent's signature)

2023 FEB - 8 AM 11:36

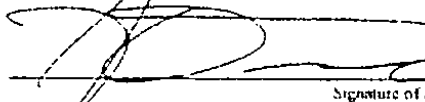
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>ANDREA OROZCO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>JAMES S VARGAS</u>
<input checked="" type="checkbox"/> Member	Address: <u>4701 OLD CANOE CREEK</u>	<input checked="" type="checkbox"/> Member	Address: <u>4701 OLD CANOE CREEK</u>
<input type="checkbox"/> Authorized Person	<u>UNIT 701637</u> <u>ST CLOUD, FL 34770</u>	<input type="checkbox"/> Authorized Person	<u>UNIT 701637</u> <u>ST CLOUD, FL 34770</u>
<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

ANDREA OROZCO

\_\_\_\_\_  
Typed or printed name of signer

DJM SPRAY FOAM INSULATION LLC  
12 BERKSHIRE CIRCLE  
ANSONIA, FL 06401

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DATE: 2/8/2023

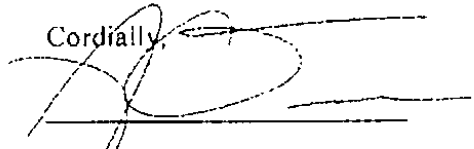
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DJM SPRAY FOAM INSULATION LLC - L22000272386

To whom it may concern:

Please be informed that DJM SPRAY FOAM INSULATION LLC - L22000272386, has no intention of revoking the dissolution. We are releasing the name for use to another entity.

Cordially,

A handwritten signature in black ink, appearing to be 'A. Orozco', written over a horizontal line.

Andrea Orozco, Member  
DJM SPRAY FOAM INSULATION LLC

10/1/2020 10:00:00 AM 10/1/2020 10:00:00 AM 02/08/20 11:00:00 AM Page 00/00

# Secretary of the State of Connecticut

## Certificate of Legal Existence

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Certificate of Legal Existence Certificate

Date Issued: February 08, 20

I, the Connecticut Secretary of the State, and keeper of the seal thereof, hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name	DJM SPRAY FOAM INSULATION LLC
Business ALEI	US-CT.BER:1356626
Formation Date	08/27/2020



Secretary of the State