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(Cit	y/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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I.



02/03/23--01013--011 ++130.00



### COVER LETTER

#### TO: Registration Section Division of Corporations

DKC Builders LLC

SUBJECT: \_

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:

Donna Jones Craig	
Name of Person	
DKC Builders LLC	
Firm/Company	·
149 SE 19th Terrace	· · · · · · · · · · · · · · · · · · ·
Address	1
Cape Coral, FL 33990	
City/State and Zip Code	- 
ljhomes19@gmail.com	12

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

For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

□ \$125.00 Filing Fee \$ □ \$130.00 Filing Fee \$ □ \$155.00 Filing Fee \$ □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

## ÷ . · . ·

# 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

# 1 DKC Builders LLC

time unavailable, enter alternate name adopted for the purpose of transacting business in F	lorida. The alterr	ate name must include "Limited Liabilit	y Company," "L.L.C." or
Illinois (Jurisliction under the law of which foreign limited liability company is organized)	46 3	-5460247 (FEI number, if	
n/a (Date first transacted business in Florida, if prior to	registration.)		
(See sections 605.0904 & 605.0905, F.S. to'determ 300 Walnut Drive, East Peoria, IL 61611		<sup>ayy</sup> ) ) Walnut Drive, East Peoria,	 1L 61611
ect Address of Principal Office)		(Mailing Address)	:

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

Name:	Donna Jones Craig		
Office Address:	149 SE 19th Terrace		
	Cape Coral	33990 , Florida	
	(('ny)	(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.

) ma fins Ciaig (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 Capacity:	Name and Address:	
□Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	East Peoria, IL 61611		East Peoria, IL 61611	
Person		Person		
□Other	Other	□Other	Other	
Manager	Name:	□Manager	Name:	
⊡Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person	····-	Person		
⊡Other	Other	[]Other		
□Manager	Name:	□Manager	Name:	
Member	Address:	Member	Address:	
□Authorized		Authorized	 ∧	
Person		Person		
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.





# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

DKC BUILDERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 02, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED <sup>17</sup>, LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD<sup>10</sup> STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



# In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JANUARY A.D. 2023 .

Authentication #: 2302900576 venfiable until 01/29/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE