## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	. Add:	ress:
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Foreign Limited Liability Company T.O.T.L. Construction Limited Liability Company

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

Texas	3	83-20293	50		
(lurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, if applicable)			
	(Date first transacted business in Florida, it prior to registratio (See sections 695,0904 & 605,0905, F.S. to determine penalty	n ) Hability)		<del></del>	
4611 crab	b apple st 6.	9374 Bole	ro Rd		
- L			ter Garden FL 34787		
Name and street addres	ss of Florida registered agent: (P.O. Box NOT	acceptable)		2023 FEB	<del></del>
Name:	Northwest Registered Agent L	LC_		B 17	-1 1- 10
Office Address:	7901 4th St N STE 300			:: PH :: ယ	i
	St. Petersburg	, Florida	33702		1
	(City)	<del> </del>	(Zip code)	- <del></del>	

(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: Name: Harlen Steele □ Manager □ Manager Name: X Member Address: ☐ Member Address: 4611 crabb apple st □ Authorized □ Authorized Granburry TX 76048 Person Person □Other □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Name: Name: □Manager □ Manager Address: ☐ Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ Other □Other Name: □Manager Name: □Manager Address: \_\_\_\_\_ □ Member Address: □Member

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□ Other

Not Cmith

□ Authorized

Person

□Other\_\_\_\_

□Other\_\_\_\_\_

□ Authorized

Person

□Other

- 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.

NWT Smw1-hv Signature of an authorized person

. . .

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for T.O.T.L. Construction Limited Liability Company (file number 804291257), a Domestic Limited Liability Company (LLC), was filed in this office on October 28, 2021.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: November 01, 2021

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 10, 2023.



gave Helson

Jane Nelson Secretary of State