M2300000222

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P MAIL MAIL
	(Business Entity Name)
	(Document Number)
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Special Instruction	s to Filing Officer:
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2020 FEB 17 AH 9: 52

FEB : 2023 M. SOLOMON Registration Section

Division of Corporations

TO:

SUBJECT: Galvesion Piling	Name of Limited Liability Company	
	d Liability Company for Authorization to Transact Business in Florida the above referenced foreign limited liability company to transact bus	
Please return all correspondence concerning t	his matter to the following:	
	Name of Person	
	Name of Person	
	Firm/Company	
	Firm/Company	_
9100 C	anniff St. Suite 200	
	Address	_
		. 2
	HOUSTON, TX 77017	123
	City/State and Zip Code	_ · · · · ·
		-
Jese	Lege & Marcesten pring . com dress: (to be used for future annual report notification)	
E-man aq	dress: (to be used for future annual report notification)	
For further information concerning this matte	r, please call:	2029 FEB 17 AH 9: 52
Jose Coper	erson at (9/0) 58/4046 Area Code Daytime Telephone Number	
Name of Contact P	erson 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	
Enclosed is a check for the following	e amount:	
Please make check payable to: FLO	RIDA DEPARTMENT OF STATE	
	00 Filing Fee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee	
•	Certificate of Status Certified Copy of Status & Ce	rtified Copy

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

IN COMPLANCE WITH SECTION 60. COMPANY TO TRANSACT BUSINESS 1.	INTHE STATE OF FLORIDA:				
(If name unavailable, enter alternate name adopt	ed for the purpose of transacting business in Fl	lorida. The alternate name	must include "Limited Liability Co	ompany," "L.L.C."	or "LLC.")
2. TEKS (Jurisdiction under the law of which foreign	n limited liability company is organized)	3 \$3	149 2045 (FEI number, 17 app	licable)	
4. 1/23/202 (Date (See	Sirst transacted business in Florida, if prior to	registration.)			
5. GILL Carmin S. S. (Street Address of Principal Office)			Canniff S. 130	16 Leo	
Housen, TY 77617	,	_//60	Steel TX 77017	7	<u></u>
7. Name and street address of Flo	orida registered agent: (P.O. Box	NOT acceptable)		
Name: $\frac{N_0}{79}$	orthwest Registered	Agent_cc	. C	i N	2023 FEB 17
Office Address: 47 h	ST N STE 300				M 9:5
<u>Sr.</u>	Constant Constant	, F	lorida 33702 (Zip code)	a *	: 52
Registered agent's acceptance: Having been named as registered designated in this application, I I to comply with the provisions of a and accept the obligations of my	vereby accept the appointment a all statutes relative to the proper	s registered agent and complete per	and agree to act in this	capacity. I fi	urther agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacity:	<u> </u>	Name and Address:
⊠Manager	Name: Matasha Lee 3015 BACK Bay CT.	□Manager	Name:	
□Member	Address: Houston 11 77058	□Member	Address:	
3 Authorized	Jose Lope 2 also Camist St., Ste, 200	□Authorized		
Person	Houston, TX 77017	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	2023
□Authorized		□Authorized		<u> </u>
Person		Person		- 1
□Other	Other	Other		Other Co
				9
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
	la constitución de la constituci		1 6	ein ann an an Alban
	Jse an attachment to report more than six (6). The may be added to the index when filing your Flori			

- 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.

Matach Lee
Typed or printed name of signee

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



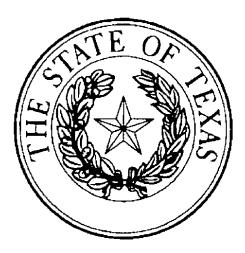
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Galveston Piling, LLC (file number 803072447), a Domestic Limited Liability Company (LLC), was filed in this office on July 20, 2018.

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

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 January 13, 2023.



Jose A. Esparza Deputy Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Prepared by: SOS-WEB TID: 10264 Document: 1213194600003

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2023

JOSE LOPEZ 9100 CANNIFF ST STE 200 HOUSTON, TX 77017 US

SUBJECT: GALVESTON PILING, LLC

Ref. Number: W23000017316

We have received your document for GALVESTON PILING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Each officer should be separated on the application with their name, title & address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 823A00003092

Sharon D Franklin Regulatory Specialist II

www.sunbiz.org