# M2300004271

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### COVER LETTER

TO:	Registration Section Division of Corporations					
4: F 1 F 2 F 1	Frost Structural Engineering - Ida	aho, LLC				
SUBJI	Name of Li	mited Liability Company				
The en Exister	nclosed "Application by Foreign Limited Liability Compa nee, and check are submitted to register the above referen	ny for Authorization to Transact Business in I need foreign limited liability company to trans	Florida," act busin	Certific	cate of Torida.	
Please	return all correspondence concerning this matter to the fo	ollowing:				
	David B. Porter					
	Name of Person					
	Frost Structural Engineering - Idaho, LLC					
	Firm/Company		• .	AP	~圆	
1020 E Lincoln Rd				2023 APR -4 PM 6: 05	e design e designation e desig	
		Address		<del>-</del> PH	111	
	Idaho Falls, ID 83401					
	City/State and Zip Code					
	davidp@froststructural.c	com				
	E-mail address: (to be used	for future annual report notification)				
For fu	rther information concerning this matter, please call:					
	David Porter	at (208 Area Code) 227-8404  Daytime Telephone Nu				
	Name of Contact Person	Area Code Daytime Telephone Nu	ımber			
	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 DEPARTM  S125.00 Filing Fee S130.00 Filing Fee &  Certificate of State	☐ \$155.00 Filing Fee & ☐ \$160.00 Fili	ing Fee, ( s & Certi			

# 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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability C	Company," "L.L.C." or "LL
2. Utrisdiction under the law of which foreign limited hability company is organized:	3(FEI number, if app	plicable)
4(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) e penalty liability)	2023
5. 1020 E Lincoln Rd (Street Address of Principal Office)	6. 1020 E Linclon Rd (Mailing Address)	APR -
Idaho Falls, ID 83401	Idaho Falls, ID 83401	PM 6:
		77章 05

### Registered agent's acceptance:

Office Address:

Name:

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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.

\_, Florida \_\_33702

Registered Agents Inc

7901 4th St N STE 300

(City)

St. Petersburg

David Posicies		
	(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Markell Bateman Name: David Porter □Manager □Manager 3896 Taylorview Lane Address: \_ 86 N 3924 E **⊠**Member Member Ammon, ID 83406 Rigby, ID 83442 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_\_ □Other Natalie Bateman □Manager □Manager Address: \_\_\_\_ □Member □Member Ammon, ID 83406 □ Authorized Authorized Person Person Other\_ Other\_\_\_\_\_ Other\_ □Manager Name: \_\_\_\_\_ □Manager Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □Member □ 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. Nonindexed 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. David Porter

Typed or printed name of signee



## STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

February 2, 2023

Request Type: Certificate of Existence/Filing

Issuance Date: 02/02/2023

Request #: Receipt #: 0005089083 000775220 Copies Requested:

ed: 0

Regarding: Filing Type:

FROST STRUCTURAL ENGINEERING - IDAHO, LL

Limited Liability Company (D)

File#:

446147

Formation/Qualification Date: 01/16/2015

Status:

Active-Existing

Formation Locale: IDAHO

**Duration Term:** 

Perpetual

Inactive Date:

### Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### FROST STRUCTURAL ENGINEERING - IDAHO, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

The state of the s

Phil McGrane

Idaho Secretary of State

Processed By: Business Division Verification #: 021990427

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov