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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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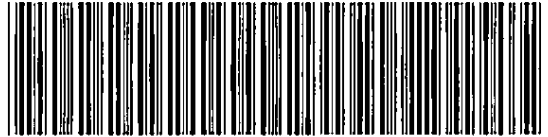
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 APR 17 PM 2:01

STATE OF TEXAS  
FILING OFFICE

45  
4/18/23

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JDK AL LLC  
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:

Dean Weber  
Name of Person

JDK AL LLC  
Firm/Company

6228 Fieldstone Dr.  
Address

Baton Rouge, La 70809  
City/State and Zip Code

toni@jdkh-construction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Weber at ( 205 ) 381-0483  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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 DEPARTMENT OF STATE**

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

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2023 APR 17 PM 2:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

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:

JDK AL LLC

1. \_\_\_\_\_  
(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. LA \_\_\_\_\_ 3. 81-3492626 \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 6228 Fieldstone Dr. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Baton Rouge, La 70809

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg \_\_\_\_\_, Florida 33702  
(City) (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.

Dani Garcia

(Registered agent's signature)

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SECRETARY OF STATE  
TREASURY

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 type="checkbox"/> Manager	Name:	<u>Petar Panepinto</u>		<input type="checkbox"/> Manager	Name:	<u>Dean Webre</u>	
<input type="checkbox"/> Member	Address:	<u>35497 Hwy 74</u>		<input type="checkbox"/> Member	Address:	<u>5945 Hyacinth Ave</u>	
<input type="checkbox"/> Authorized		<u>Geismar, La 70734</u>		<input type="checkbox"/> Authorized		<u>Baton Rouge, La 70808</u>	
Person				Person			
<input type="checkbox"/> Other	<u>Member</u>	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<u>Member</u>	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Eric Williams</u>		<input type="checkbox"/> Manager	Name:	<u>Mark Webre</u>	
<input type="checkbox"/> Member	Address:	<u>4402 Pine Park Dr.</u>		<input type="checkbox"/> Member	Address:	<u>30247 Ono North</u>	
<input type="checkbox"/> Authorized		<u>Baton Rouge, La</u>		<input type="checkbox"/> Authorized		<u>Loop West</u>	
Person		<u>70809</u>		Person		<u>Orange Beach, Al 3656</u>	
<input type="checkbox"/> Other	<u>Member</u>	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<u>Member</u>	<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				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

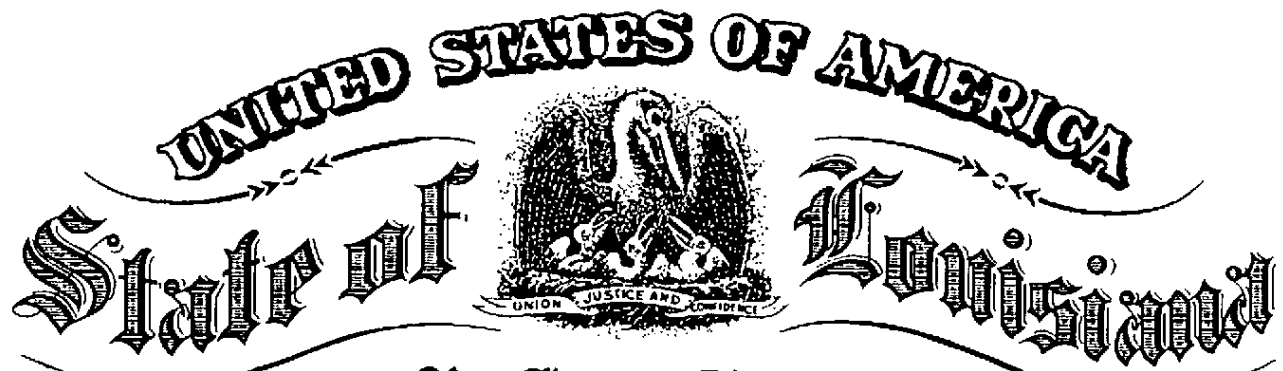
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Dean Webre  
Signature of an authorized person

Dean Webre member  
Typed or printed name of signee



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**JDK AL LLC**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 08, 2016,

I further certify that no Certificate of Dissolution or Termination has been issued.

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2023 APR 17 PM 2:22  
SECRETARY OF STATE  
BATON ROUGE, LA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 5, 2023

*Secretary of State*

Web 42355017K



Certificate ID: 11713066#ARK73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)