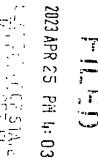
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Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	
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Office Use Only



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COVER LETTER

TO:

me of Limited Liability Company
ty Company for Authorization to Transact Business in Florida we referenced foreign limited liability company to transact bus
er to the following:
Name of Person
Firm/Company
Firm/Company
Address
City/State and Zip Code
City/State and Zip Code تعرب المعرب
be used for future annual report notification)
cali:
703 6756236 at ()
Area Code Daytime Telephone Number
Street Address:
Registration Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
:
EPARTMENT OF STATE
Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee

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:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited L	iability Compa	ny," "L.L.	C," or "LLC
Delaware		_	88-4344927			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI num	per, it applicable	le)		
4/1/2023				<i>:</i> -	2023	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	(.) liability)		23 A.P	أسائسة
2686 North Federal Hi	ghway	6.	2154 Bonaventure Drive	, T.	23 23 24	
treet Address of Principal Office) Unit 21			(Mailing Address) Vienna, VA 22181	, <u>, , , , , , , , , , , , , , , , , , </u>	PK	; 1
				1966 1956	<u>+-</u>	\ <u>`</u>
Boynton Beach, FL 33	435			F1.	ည	
. Name and <u>street addres</u> Name:	Sof Florida registered agent: (P.O. Box					
225 East Robinson Street, Suite 570 Office Address:		<u>.</u>				
	Orlando		32801, Florida(Zip code)			
	(City)		(Zip code)			

Description (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: Allen Dionne	□Manager	Name: Adam Starr
■Member	Address: 2686 North Federal Highway	■Member	Address: 2154 Bonaventure Drive
□Authorized	Unit 21	□Authorized	Vienna, VA 22181
Person	Boynton Beach, FL 33435	Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name: 7 20 20
□Member	Address:	□Member	Name: C 28
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	- 1
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	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.

adon Stave		
	Signature of an authorized person	
Adam Starr		
	Li pad or printed name of surpre	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALL ACCESS BUILDING SOLUTIONS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL ACCESS

BUILDING SOLUTIONS, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

Jeffrey W. Bullioce, Secretary of State

Authentication: 202609115

Date: 01-31-23

7165304 8300 SR# 20230312586 IN RE: ALL ACCESS BUILDING SOLUTIONS, LLC

DOCUMENT NUMBER OF LLC: L22000511958

AFFIDAVIT OF ADAM STARR

Adam Starr, being first duly sworn, deposes and says:

- 1. I am an adult, and competent to testify and make this affidavit based upon personal knowledge.
- 2. I am the President of All Access Building Solutions. LLC, a limited liability company organized under the laws of the State of Florida. Document Number L22000511958, and as President of All Access Building Solutions, LLC, I am authorized to provide this Affidavit on its behalf.
- All Access Building Solutions, LLC, was voluntarily dissolved on April
 2023, with the filing of Articles of Dissolution.
- 4. All Access Building Solutions, LLC, does not plan to, and shall not, file a Revocation of Dissolution and expressly disclaims the rights afforded to it by Fla. Stat. § 605.0708.
- 5. I am also the President of All Access Building Solutions, LLC, a limited liability company formed under the laws of the State of Delaware. Pursuant to Fla. Stat. § 605.0902, the Delaware entity All Access Building Solutions, LLC, intends to apply for a Certificate of Authority to transact business in the State of Florida.
 - 6. Further the affiant sayeth naught.

SIGNATURE PAGE TO FOLLOW

1

Being first duly sworn, I depose and say that I have read the preceding pages. and that I know the contents thereof; that the contents are true to my knowledge. except as to those matters and things stated upon information and belief, and as to those matters and things. I believe them to be true.

This is the $\frac{18^{15}}{}$ day of April, 2023.

Sworn to and subscribed before me,

this $\frac{187H}{}$ day of April, 2023.

KAYLA NOLASCO

Printed or typed name of Notary Public

My Commission Expires: O\/31/2026