

M230000007974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

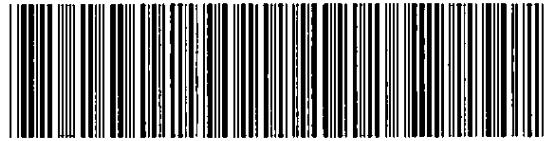
(Document Number)

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2023 JUN 13 PM 3:32

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2023

JAMES DODRILL, ESQ.
5800 HAMILTON WAY
BOCA RATON, FL 33496 US

SUBJECT: BUILDER LIQUIDATION UNITED EQUITY MANAGEMENT, LLC
Ref. Number: W23000074121

We have received your document for BUILDER LIQUIDATION UNITED EQUITY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 223A00011845

RECEIVED
JUN 13 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Builder Liquidation United Equity Management, 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:

James Dodrill, Esq.

Name of Person

Law Office of James G. Dodrill II, P.A.

Firm/Company

5800 Hamilton Way

Address

Boca Raton, FL 33496

City/State and Zip Code

jim@jimdodrill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Dodrill, Esq.

Name of Contact Person

561

Area Code

862-0529

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

**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:

1. Builder Liquidation United Equity Management, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" 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," "LLC" or "LLC.")

2. Delaware 3. 92-3891381
(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. 1300 Sawgrass Corp. Parkway, Suite 144 6. 1300 Sawgrass Corp. Parkway, Suite 144
(Street Address of Principal Office) (Mailing Address)

Sunrise, FL 33323 Sunrise FL 33323

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

Name: Ryan Krantz

Office Address: 1300 Sawgrass Corp. Parkway, Suite 144

Sunrise 33323
_____, Florida _____
(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.

FILED
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TALLAHASSEE, FL

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:**

☒ Manager Name Ryan Krantz

☐ Member Address 1209 NW 127th Drive

☐ Authorized Sunrise, FL 33323

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name Keston Robinson

☐ Member Address 4920 SW 195th Terrace

☐ Authorized Southwest Ranches, FL 33332

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name Daniel D. Weekley, Jr

☐ Member Address 14450 Jockey Circle North

☐ Authorized Davie, FL 33330

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name Kirk Andersen

☐ Member Address 19810 Riverside Drive

☐ Authorized Jupiter, FL 33469

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

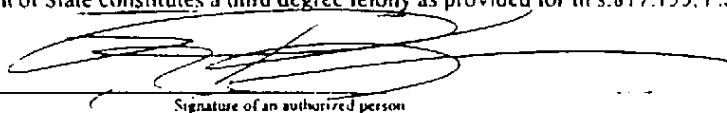
Person _____

☐ 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.



Signature of an authorized person

Ryan Krantz

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUILDER LIQUIDATION UNITED EQUITY MANAGEMENT, 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 FIFTH DAY OF MAY, A.D. 2023.

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



7442633 8300

SR# 20231841967

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203285972

Date: 05-05-23