

M23000008005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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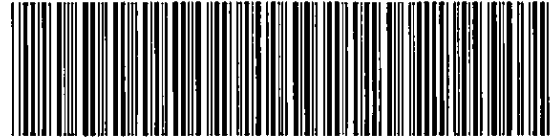
(Business Entity Name)

(Document Number)

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APPROVED
AND
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2023 JUN 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2023

K. Brumbach

W23-31720

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAROLUSA CONSTRUCTION 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:

KAROL CHMIELEWSKI
Name of Person
KAROLUSA CONSTRUCTION LLC
Firm/Company
576 MARAVIYA BLVD
Address
NOKOMIS FL 34275
City/State and Zip Code
KAROLUSA LLC @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAROL CHMIELEWSKI at 203 434-9216
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

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

IN COMPLIANCE WITH SECTION 609.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. KAROLUSA CONSTRUCTION LLC
(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. STATE OF CONNECTICUT 3. 47-1862266
(Jurisdiction under the law of which foreign limited liability company is organized) (FFID number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 576 MARAVIYA BLVD
(Street Address of Principal Office)

6. 576 MARAVIYA BLVD
(Mailing Address)

NOKOMIS FL 34275

NOKOMIS FL 34275

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

Name KAROL CHMIELEWSKI

Office Address 576 MARAVIYA BLVD

NOKOMIS, Florida 34275
(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.

[Signature]
(Registered agent's signature)

APPROVED
AND
FILED

2023 JUN 12 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

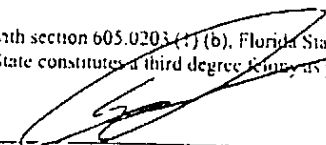
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>KAROL CHMIELEWSKI</u>	☐ Manager	Name: _____
☐ Member	Address <u>576 MARAWYA BLVD</u>	☐ Member	Address: _____
☐ Authorized	<u>VENICE FL 34275</u>	☐ Authorized	_____
Person _____		Person _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person _____		Person _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ 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.



 Signature of an authorized person
KAROL CHMIELEWSKI

 Typed or printed name of signer

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: February 11, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name: KAROLUSA CONSTRUCTION LLC

Business ALEI: US-CT.BER:1155370

Formation Date: 09/19/2014



Secretary of the State

Business ALEI: US-CT.BER:1155370

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00079938