

5/15/23, 11:02 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000181350 3)))



H230001813503ABCX

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PARASEC  
Account Number : I20180000086  
Phone : (916)576-7000  
Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RLOPS@PARASEC.COM

RECEIVED

2023 JUL 12 PM 1:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL 12 PM 2:13

FILED

Foreign Limited Liability Company  
Advison Contracting LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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. Advision Contracting LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

Advision Contracting 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. TX 3. 86-2230411  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2023-05-01  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3610-2 N Josey Ln  
(Street Address of Principal Office)

6. 3610-2 N Josey Ln  
(Mailing Address)

Carrollton, TX 75007

Carrollton, TX 75007

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

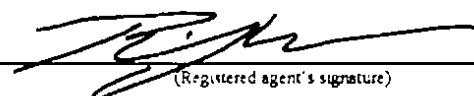
Name: Richard Graves

Office Address: 310 N Orange ave #1111

Orlando, Florida 32801  
(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.

  
(Registered agent's signature)

FILED  
2023 JUL 12 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

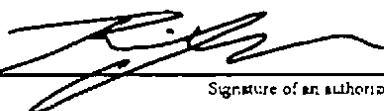
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Richard Graves</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	_____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>2100 Alamo rd Ste T114</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Richardson, TX 75080</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" 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 _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" 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.

  
\_\_\_\_\_  
Signature of an authorized person

Richard Graves  
\_\_\_\_\_  
Typed or printed name of signer

**FLORIDA INDIVIDUAL ACKNOWLEDGMENT**

F.S. 117.05(13)

State of Florida

County of Orange

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence,

— OR —

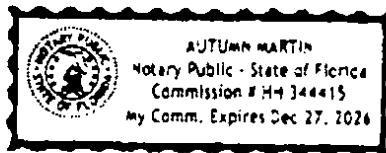
☐ Online Notarization,

this 03 day of July, 2023, by  
Date Month Year

Richard Graves  
Name of Person Acknowledging

Autumn Martin  
Signature of Notary Public - State of Florida

Autumn Martin  
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

☐ Personally known

☒ Produced Identification

Type of Identification Produced: Texas

Driver License

**OPTIONAL**

Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

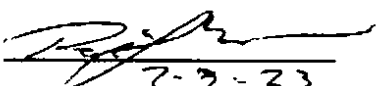
**Description of Attached Document**

Title or Type of Document: Name release affidavit

Document Date: July 3, 2023 Number of Pages: 2

Signer(s) Other Than Named Above: None

I, Richard Graves the owner of Advision Contracting LLC, assigned Florida document number L22000467596 voluntarily dissolved the entity registration on 06/12/2023. I have no further use of the entity registration assigned document L22000467596. Please accept this name release affidavit in order of processing my pending entity registration assigned tracking number L22000467596.

Signature:   
Date: 7-3-23

Notary Public:

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Advision Contracting LLC (file number 803941565), a Domestic Limited Liability Company (LLC), was filed in this office on February 17, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 27, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State