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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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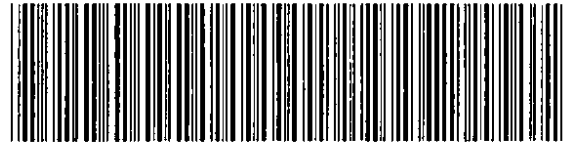
(Business Entity Name)

(Document Number)

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SUBJECT: MILLS CONSTRUCTION COMPANY LLC

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.

DAWN ROBINSON

BY THE BOOK ACCOUNTING & TAX SERVICE

2659 E GULF TO LAKE HWY, STE 402

INVERNESS, FL 34453

filings.bythebookinverness@gmail.com

For further information concerning this matter, please call:

352

Name of Contact Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2023

DAWN ROBINSON
2659 E GULF TO LAKE HWY STE 402
INVERNESS, FL 34453

SUBJECT: MILLS CONSTRUCTION COMPANY LLC
Ref. Number: W23000086023

We have received your document for MILLS CONSTRUCTION COMPANY 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 623A00013891

RCVD
6/20/23
DDE

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. MILLS CONSTRUCTION COMPANY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MILLS LUXURY HOMES 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(F.I.F. number, if applicable)

4. 01/03/2023

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

5. 7280 SW STATE ROAD 200

(Street Address of Principal Office)

OCALA, FL 34476

6. 7280 SW STATE ROAD 200

(Mailing Address)

OCALA, FL 34476

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

Name: BY THE BOOK ACCOUNTING & TAX SERVICE

Office Address: 2659 E GULF TO LAKE HWY. STE 402

INVERNESS

(City)

Florida

34453

(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)

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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 checked="" type="checkbox"/> Manager	Name:	JORGE OCON		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	7280 SW STATE ROAD 200		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		OCALA, FL 34476		<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:	DAWN ROBINSON		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	2659 E GULF TO LAKE HWY		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		STE 402		<input type="checkbox"/> Authorized			
Person		INVERNESS, FL 34453		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 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.



Signature of an authorized person

DAWN ROBINSON

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "MILLS CONSTRUCTION
COMPANY, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF
FEBRUARY, A.D. 2022, AT 2:09 O'CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

6586330 8100
SR# 20232700439

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

Authentication: 203509044
Date: 06-08-23