M2300009957

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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07/11/23--01020--010 **130.00



JW23-100178



July 21, 2023

STEVEN SOUTHWELL 501 W. MAIN STREET WAUCHULA, FL 33873 US

SUBJECT: TRUSSWORKS LLC Ref. Number: W23000100178

We have received your document for TRUSSWORKS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 523A00016330

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Trussworks LLC					
Name of Limited Liability Company						
		nited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concernin	g this matter to the following:				
	Steven Southwell					
	Name of Person					
J. Steven Southwell, PA						
Firm/Company						
	501 W. Main Street					
		Address				
Wauchula, Florida 33873 City/State and Zip Code						
					ssouthwell@realfloridalaw.com	
	E-mail	address: (to be used for future annual report notification)				
For fur	ther information concerning this ma	tter, please call:				
Steven Southwell		863 773-4449 at ()				
	Name of Contact					
Mailing Address:		Street Address:				
	Registration Section	Registration Section				
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	1 ananassoc, 1 E 32314	Tallahassee, FL 32303				
		ing amount: ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & Status Certified Copy 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. Trussworks LLC (Name of Foreign	Limited Liability Company, must include "Limite	d Liability Company, ""L.L.C.," or "L.C.")		
Trussworks of Florida LL	С			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Pl	orida. The alternate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")	
Texas 2. (Awisdiction under the law of which foreign limited liability company is organized)		26-0665640 3. (FEI number, if applicable)		
(Jurisdiction under the law of w	men toreign imitted liability company is organized)	(PBI number, if applicable)		
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)		
1610 W. 10th Street 5. (Street Address of Principal Office)		P.O. Box 481 6. (Mailing Address)		
Caldwell, Texas 77836	·	Caldwell, Texas-0481		
			\$ 202	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 JUL 31 SICRETAR	
Name:	Steven Southwell	~ ~~~		
Office Address:	501 W. Main Street		4: 26 S Mile S Mile	
	Wauchula	33873 , 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.

(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: Mike W. Bellows ■ Manager □ Manager Name: ______ Address: ____ □Member Address: □ Member Caldwell, Texas 77836 ☐ Authorized □ Authorized Person Person Other Other ☐ Other Other □ Manager Name: _____ ☐ Manager Name: _____ Address: __ _ _ □Member Address: □ Member □ Authorized □ Authorized Person Person Other____ ☐ Other Other □ Other_____ □ Manager Name: ☐ Manager ☐Mcmber 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. Nonindexed 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 onstitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Mike W. Bellows

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 Trussworks, LLC (file number 800850871), a Domestic Limited Liability Company (LLC), was filed in this office on July 31, 2007.

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 July 31, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gove Helson

Jane Nelson Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1270928760004