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



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COVER LETTER

| 10: | Division of Corporations | ! ! | | |
|---------|--|--|----------|--|
| SUBJ | Southern Welding LLC | | | |
| .50 0.0 | | Name of Limited Liability Company | | |
| | | ility Company for Authorization to Transact Business in Florida," Copove referenced foreign limited liability company to transact business | | |
| Please | return all correspondence concerning this ma- | | | |
| | Traci Averett | F V | | |
| | | Name of Person | | |
| | Southern Welding LLC | | | |
| | - | Firm/Company | | |
| | PO Box 958 | | | |
| | | Address | | |
| | Waxahachie, TX 75168 | | | |
| | City/State and Zip Code | | | |
| | traci@southernwelding.com | | | |
| | E-mail address: (| to be used for future annual report notification) | | |
| For fu | rther information concerning this matter, pleas | se call: | | |
| | Traci Averett | 469 285-6581 | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | |
| | Mailing Address: Registration Section | Street Address: Registration Section | <u>;</u> | |
| | Division of Corporations | Division of Corporations | , , | |
| | P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | • | |
| | Tananassee, 115 52514 | Tallahassee, FL 32303 | | |
| | | 1 | | |
| | Enclosed is a check for the following amou Please make check payable to: FLORIDA | | | |
| | ☐ \$125.00 Filing Fee ☐ \$130.00 Filin | | tificate | |
| | | rate of Status Certified Copy of Status & Certifie | | |

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

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN ALMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC.") | |
|-----------------------------------|---|--|----------------------------------|
| | | 1 | |
| name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited Li | ability Company," "L.L.C." or "L |
| Texas | | 88-0917985 | |
| | | 7 | |
| (Jurisdiction under the law of v | which foreign limited liability company is organized) | er, if applicable) | |
| December 21, 2022 | | | |
| | (Date first transacted business in Florida, if prior to n | egistration) | |
| | (See sections 605 0904 & 605 0905, F.S. to determin | se penalty liability) | |
| 2001 South Street | | PO Box 958 | |
| reet Address of Principal Office) | | 6. (Mailing Address) | |
| I | | Was also die TV 78170 | |
| Leesburge, FL 34788 | | Waxahachie, TX 75168 | |
| | | | |
| | | | |
| | | | |
| | | | ~ • |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 202 2 |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 2023 AU SECAL FALL |
| | ss of Florida registered agent: (P.O. Box Capitol Corporate Services, Inc. | NOT acceptable) | 2023 AUG - SECAL IX FALLA |
| Name and street addre | _ , , | NOT acceptable) | 2023 AUG -2 SEGAL YARY |
| | _ , , | NOT acceptable) | S-≤ |
| | Capitol Corporate Services, Inc. | NOT acceptable) | S-≤ |
| Name: | Capitol Corporate Services, Inc. 515 East Park Ave, 2nd Floor | | S-≤ |
| Name: | Capitol Corporate Services, Inc. | NOT acceptable) 32301 (Zip code) | Si≤ Sic To |

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.

Bin Brokerti

Brian Radecki, Assistant Secretary, on behalf of Capitol Corporate Services, Inc.

(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

| <u>Fitle or Capacity:</u> | Name and Address: | Title or Capacity: | <u></u> |
|---------------------------|------------------------|--------------------|-------------------------|
| ⊡Manager | Name: Shane Boston | □Manager | Name: Edwin Dwayne Dean |
| □Member | Address: PO Box 958 | □Member | Address: PO Box 958 |
| ■ Authorized | Waxahachie, TX 75168 | ■Authorized | Waxahachie, TX 75168 |
| Person | | Person | |
| ∃Other | Other | □Other | |
| ⊒Manager | Jason Gilbert Name: | □Manager | Name: Traci Averett |
| ⊒Member | Address: PO Box 958 | ⊡Member | Address: PO Box 958 |
| ■Authorized | Waxahachie, TX 75168 | □Authorized | Waxahachie, TX 75168 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| ∃Manager | Name: | □Manager | Name: |
| ∃Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| ⊒Other | Other | □Other | Other |

- 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 | |
|---------------|-----------------------------------|--|
| Traci Averett | | |
| - | Lyped or printed name of signee | |

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



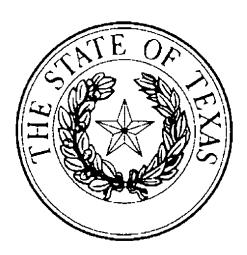
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Southern Welding, LLC (file number 804482028), a Domestic Limited Liability Company (LLC), was filed in this office on March 03, 2022.

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 August 20, 2023.



gave Melson

Jane Nelson Secretary of State

 Come visit us on the internet at https://www.sos.texas.gov

 Phone: (512) 463-5555
 Fax: (512) 463-5709
 Dial: 7-1-1 for Relay Services

 Prepared by: SOS-WEB
 TID: 10264
 Document: 1276471770005