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COVER LETTER

TO:

Holmes and Moore Excavation Construction LLC Name of Limited Liability Company enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid ence, and check are submitted to register the above referenced foreign limited liability company to transact be the return all correspondence concerning this matter to the following: Craig Adams Name of Person Holmes and Moore Firm/Company 178 Main St. Suite 301 Address Biloxi MS 39530 City/State and Zip Code Craig Moore Comp. Com E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: Craig Adams Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	CT: Holmes and	Moore	e Exca	votion C	onstruction	LLC
Train address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Retered Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Rate of Person Rame of Person Name of Person Name of Person Name of Person Firm/Company 178 Main St. Suite 301 Address 39530 City/State and Zip Code Craig & Moore Comp. Comp. Craig Adams Suret Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303		ì	Name of Limit	ed Liability Cor	npany	
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	her information concerning this m	atter, pleas	se call:			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	Craig Adams		at	(228 _)	596-2610	•
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Name of Contac	ct Person		Area Code	Daytime Teleph	one Number
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Tallahassee, FL 32303	=					
Enclosed is a check for the following amount:	Tallahassee, FL 32314					0
Please make check payable to: FLORIDA DEPARTMENT OF STATE		•	int:			

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

Y)MPANYTOTRANSACTBUS	ION 605.0902, FLORIDA STATUM INESS INTHE STATE OF FLORI Moore Excavatio	DA:		D TO REGISTE	R A FOREIGN	LIMITE	D LIABII.	ЛҮ
(Name of Foreign L	imited Liability Company; must mo	hide Limited Labourty	Company, Acres					
If name unavailable, enter alternate na	me adopted for the purpose of transacting	g business in Florida. The a	ternate name must i	nclude "Limited Lia	bility Company,"	"LLC," or	r "LLC.")	
	ich foreign limited liability company is o			076698 (FEI number				
4	- Clarence	erida. If princ to registration.			.			
_ 178 Mais:	(Date first transacted business in Fig (See sections 605.0904 & 605.0905			MAIN St.	Suite	30(
(Street Address of Principal Office)		-						
Biloxi MS	39530	-	Biloxi,	MS :	59530			
		-			<u> </u>	70. 73.		i i
7. Name and street addres	s of Florida registered agent	(P.O. Box <u>NOT</u> a	cceptable)		RETARY	023 OCT 20 PH 2: 34		•
Name:	Vince Carte 3833 Crysta Chipley	<u> </u>			13.48.8 S.48.8	PH 2	M	
Office Address:	3833 Crysta	I Lake De.			PIE	: 3 ⁴		
	Chipley	ty)	, Florid	ia 32 42 (Zip code)	8			
designated in this applica	tance: gistered agent and to accept tion, I hereby accept the app ions of all statutes relative to s of my position as registere	oomment as region o the proper and co						
	Vive	Cortero (cgistered 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	<u>:</u>	Name and Address:
☑ Manager	Name: Tom Moore	□Manager	Name:	
□Member	Address: 12919 Woodland De.	□Member	Address:	
□Authorized	D'Iberville, MS 39540	□Authorized		
Person		Person		
Other	Other	Other		□ Other
Manager	Name: Joshua Hulmes	□Manager	Name:	
□Member	Address: 546 Givens Mullins Ad.	☐Mcmber	Address:	
□Authorized	Monticello MS 39654	□Authorized		
Person		Person		
□ Other	Other	□Other		□Other
□Manager	Name: Crig Adams	□Manager	Name:	,
☑ Member	Address: 2615 leduce De #2207	□Member	Address:	
□Authorized	B.lox: MS 39531	□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 au	athorized person	
Lam	Moore	Tom	Moore
	Typed or printed	name of signee	



Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

HOLMES & MOORE EXCAVATION CONSTRUCTION LLC

Registered the 20th day of October, 2022

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

178 Main St. stc 301 Biloxi, MS 39530

And that the registered agent at that address is:

thomas jefferson moore

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 9th day of October, 2023

Michael Watson

Certificate Number: CN23174222

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx