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COVER LETTER

TO: Registration Section Division of Corporations	i
SUBJECT: LOPOZ + HOLTO CON Name of L	Structure Surcou UC imited Liability Company
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere	eany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	following:
Anna_	HOYZA ame of Person
Lopez + Gar	10 Construction Services UC
2949 Alm	Address
Way Crus City/St	ate and Zip Code
Elmail address: (to be used	Istruction Comunication)
For further information concerning this matter, please call:	
Name of Contact Person	at (<u>\$13</u>) <u>304-9830</u> Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
ranadassec, 1 E 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Sta	\$155,00 Filing Fee & 🔲 \$160,00 Filing Fee, Certificate

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 RECEISTER A FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF ELORIDA:	ORFIGN LIMITED LIABILITY
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," [L. C., or "L.C.,)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC,")
2. Gurisdiction under the law of which foreign limited hability company is organized) 3. OFEI number, if app	licable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine pensity liability.)	
5 2949 Alma Hwy, Wayonss, 6A 6.2949 Alma Hwy, 16 (Street Address of Principal Office) 31503	Way cross 6 A 31503
7. Name and <u>street address</u> of Florida registered agent. (P.O. Box. <u>NOT</u> acceptable)	2023
Name: Anna Garza	3
Office Address: USA W. Trapful Rd.	
Plant City,, Florida 33567	- 11 6
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.	capacity. I further agree
(Registered agents'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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: □ Manager □ Manager Alma Huy Member Member Wayonss, GA 31503 ☐ Authorized ☐ Authorized Person Person Other Other_____ □Other_____ Other_____ Name: _____ □Manager ☐ Manager □Member □Member Address: Address: ☐ Authorized □ Authorized Person Person □Other____ □Other_____ Other____ Other_____ □ Manager Name: □Manager Name: □Member 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, Lam. aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S. Signature of an autimi

Control Number: 21124275

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Lopez & Garza Construction Services LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 26199817
Date Inc/Auth/Filed 04/26/2021
Jurisdiction : Georgia
Print Date : 11/28/2023

Form Number 211



Brad Raffersperger

Brad Raffensperger Secretary of State