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## **COVER LETTER**

Civil Concrete Constructors LLC

Registration Section Division of Corporations

TO:

Name of Entitled Liability Company
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
Please return all correspondence concerning this matter to the following:
Tevia Sprinkle Name of Person
<u>CIVIL CONCRETE CONSTRUCTORS LLC</u>
PO BOX 190034
Mobile, AL 3669 City/State and Zip Code
tevia@Silcontyactors.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Teluia Sprinkle
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
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SEX COMPANY TO TRANSACT BO I. OV ON (Name of Foreign	USINESS INTHE STATE OF A	FLORIDA: YUCTAYS LL	С		ORBIGN LIM	TTED !!!	ВПЛҮ
(If name provideble, enter alternate 2. (Ferrediction under the law of a	name adapted for the purpose of tra		e elternate name must inch $93 - 34$	NGC "Limited Liability C 8827- (FEI number, if app	7_		<b>'</b> ')
4. <u>NIA</u>	(Dair first transacted burines (See sections 605.0904 & 60	in Florida, if prior to registrati 5.0905, F.S. to determine pead	os.) y lizbility)				
5. 4591 Cypre	ss Business	6.	(Mading Address	BOX 190	034		
Park Dr St	e A Mobile,		Mobile	, AL 3L	olala	2024 FI	
AL, 31de19					<u> </u>	EB 1/2	=
7. Name and street addre	ss of Florida registered a	gent: (P.O. Box <u>NOT</u>	_acceptable)		Solis FOES	P.4	
Name:	CT Corporat	ion Systervi	<del></del>		STATE	PN 12: 47	
Office Address:	1200 South Pi	ne Island	<u>rd</u>				
	Plantation	(City)	, Florida _	33324 (Zip code)			
Registered agent's acception that the second agent as red designated in this applicate to comply with the provisional accept the obligation	egistered agent and to accuton, I hereby accept the ilons of all statutes relath	appointment as regis ve to the proper and c	tered agent and ag	ree to act in this	capacity. I	further	agree
	Rechel Conner	Rachel O'Conno		retary			
		(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:				
Manager	Name: Michael B. Tew	□Manager	Name: CASPY R. SMITH				
□Member	Address: <u>514 BUCMAYIAYI Dr</u>	Member	Address: 11270 George Collins				
□Authorized	Dauphin Islavid, AL 3528	□Authorized	Rd Wilmer, Al 36587				
Person		Person					
□Other	Other	□Other	Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	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. 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  Wichael B. Tew  Typed or printed name of signee							

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Civil Concrete Constructors

LLC was formed in Alabama on October 18, 2023. The Alabama Entity

Identification number for this entity is 001-104-242. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240206000018210

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/06/2024

Date

Wes Allen

Secretary of State