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(City/State/Zip/Phone #)

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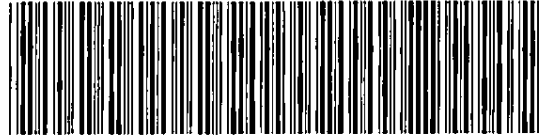
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2024 FEB 26 AM 12:58

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pegasus Construction Fire and Water Division LLC

Name of Limited 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:

Austin Everson

Name of Person

Pegasus Construction Fire and Water Division LLC

Firm/Company

1240 Paris Pike

Address

Georgetown, Ky 40324

City/State and Zip Code

aeverson@pegasusconstruction.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Everson

863

226-8820

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
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. Pegasus Construction Fire and Water Division LLC DBA: Pegasus Coating
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DBA: Pegasus Coating

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Commonwealth of Kentucky 86-1199245
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. 12/1/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1240 Paris Pike 13932 Spector Rd Unit 209
(Street Address of Principal Office) (Mailing Address)
Georgetown, Ky Lithia, FL 33547
40324 Box 260

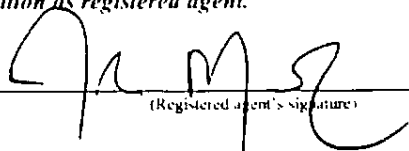
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John S Moody
Office Address: 3415 Ranch Road
Valrico 33596
(City) Florida (Zip code)

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2024 FEB 26 AM 12:58
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

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)

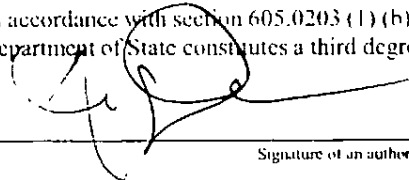
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Austin Everson	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1736 Davis Rd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Sadieville, Ky 40370	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: John Moody	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 102 Red Wing Ct	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Georgetown, Ky 40324	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Billy Turner	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3415 Ranch Rd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Valrico, FL 33596	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Austin Q. Everson

Typed or printed name of signer

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

1126601
Michael G. Adams
KY Secretary of State
Received and Filed
12/20/2023 12:33:58 PM
Fee receipt: \$115.00

Certificate of Existence

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of Secretary of State,

Pegasus Construction Fire and Water Division LLC

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The Secretary of State hereby cancels the certificate of dissolution issued on Wednesday, October 4, 2023. The effective date of reinstatement is Wednesday, December 20, 2023.

I further certify that Pegasus Construction Fire and Water Division LLC is a limited liability company duly organized and existing under the laws of the Commonwealth of Kentucky, whose date of organization is Monday, January 4, 2021, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 20th day of December, 2023.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky