

M24000005558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

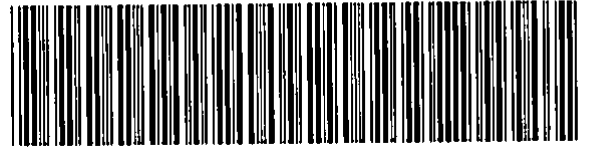
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



700427620577

05/01/24--01005--026 \*\*180.00

2024 MAY -1 AM 10:51

TALLAHASSEE, FLORIDA

2024 MAY -1 PM 1:57

RECEIVED

MAY 01 2024

K. Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 5/1

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

FOREIGN I.L.C

1. MDM CONTRACTING, INC.  
(CORPORATE NAME AND DOCUMENT #)

2. File 2nd  
(CORPORATE NAME AND DOCUMENT #)

3.   
(CORPORATE NAME AND DOCUMENT #)

4.   
(CORPORATE NAME AND DOCUMENT #)

5.   
(CORPORATE NAME AND DOCUMENT #)

6.   
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. MDM CONTRACTING, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. TEXAS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FEI number, if applicable)

4. APRIL 26, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 23422 LUTHERAN CEMETERY RD  
(Street Address of Principal Office)

6. 23422 LUTHERAN CEMETERY RD.  
(Mailing Address)

TOMBALL, TEXAS 77377

TOMBALL, TEXAS 77377

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

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 2894 REMINGTON GREEN LN, STE A

TALLAHASSEE, Florida 32308  
(City) (Zip code)

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.

Brendan Wangel  
(Registered agent's signature)

2024 MAY -1 AM 10:51

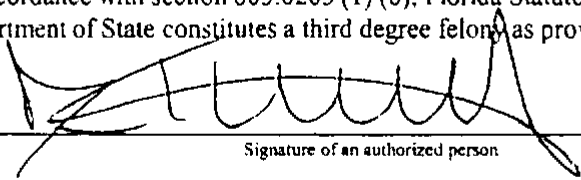
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: MARK A. WHITEHEAD     | <input checked="" type="checkbox"/> Manager | Name: DAVID M. BORNE        |
| <input type="checkbox"/> Member             | Address: _____              | <input type="checkbox"/> Member             | Address: _____              |
| <input type="checkbox"/> Authorized         | 23422 LUTHERAN CEMETERY RD. | <input type="checkbox"/> Authorized         | 23422 LUTHERAN CEMETERY RD. |
| Person                                      | TOMBALL, TX 77377           | Person                                      | TOMBALL, TX 77377           |
| <input checked="" type="checkbox"/> Other   | PRESIDENT                   | <input type="checkbox"/> Other              |                             |
| <input type="checkbox"/> Other              |                             | <input type="checkbox"/> Other              |                             |
| <input checked="" type="checkbox"/> Manager | Name: MARK E. HERBERT       | <input type="checkbox"/> Manager            | Name: _____                 |
| <input type="checkbox"/> Member             | Address: _____              | <input type="checkbox"/> Member             | Address: _____              |
| <input type="checkbox"/> Authorized         | 23422 LUTHERAN CEMETERY RD. | <input type="checkbox"/> Authorized         | _____                       |
| Person                                      | TOMBALL, TX 77377           | Person                                      | _____                       |
| <input type="checkbox"/> Other              |                             | <input type="checkbox"/> Other              |                             |
| <input type="checkbox"/> Other              |                             | <input type="checkbox"/> Other              |                             |
| <input type="checkbox"/> Manager            | Name: _____                 | <input type="checkbox"/> Manager            | Name: _____                 |
| <input type="checkbox"/> Member             | Address: _____              | <input type="checkbox"/> Member             | Address: _____              |
| <input type="checkbox"/> Authorized         | _____                       | <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  
MARK A. WHITEHEAD  
\_\_\_\_\_  
Typed or printed name of signer



## 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 Conversion for MDM CONTRACTING, LLC (file number 805528420), a Domestic Limited Liability Company (LLC), was filed in this office on April 25, 2024.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: April 26, 2024

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 April 29, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State