M24000006831

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Z	(ip/Phone #)			
PICK-UP V	_			
(Business E	ntity Name)			
(Document	Number)			
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit certificate of existence, no more than 90 days old, duly authenticated by t 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the nan your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.or Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
S	5.00	Certificate of Status (optional)

Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any t after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Flc Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier additare noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

COVER LETTER

	Valdivia Construction LLC					
SUBJEC	CT:					
	Nam	e of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.				
elease re	turn all correspondence concerning this matter t	to the following:				
	Maikel Valdivia, Sr.					
	Name of Person					
	Firm/Company					
	119 Hollywood Blvd., 207					
		Address				
	C	City/State and Zip Code				
	valdiviaconstructionlle@gmail.com					
	E-mail address: (to be	e used for future annual report notification)				
For furth	er information concerning this matter, please ca	II:				
	Maikel Valdivia	225 281-1722 at ()				
•	Name of Contact Person	Area Code Daytime Telephone Number				
-	Mailing Address: Registration Section	Street Address: Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIA COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limi	ted 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."		
Louisiana		45-3996456		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
April 1, 2024 4.				
4.	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	o registration.) mine penalty liability)		
6535 Celia Ave. 5.		119 Hollywood Blvd. 207 6.		
5. (Street Address of Principal Office)		6. (Mailing Address)		
Baton Rouge, La. 7081	I	Fort Walton Beach, Fl. 32548		
7. Name and street address Name:	ss of Florida registered agent: (P.O. Bo Maikel Valdivia, Sr.	HATTAN 28		
Office Address:	311 Beal Parkway NW			
	Fort Walton Beach,	, Florida		
	(City)	(Zip code)		
designated in this applica to comply with the provise	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited liability company at the pl as registered agent and agree to act in this capacity. I further and complete performance of my duties, and I am familiar w		

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: Maikel Valdivia	□Manager	Name:			
□Member	Address: 119 Hollywood Blvd., 207	□Member	Address:			
□Authorized	Fort Walton Beach, Fl. 32548	□Authorized				
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						
Maikel Valdivia						
Typed or printed name of signee						



As Secretary of State, of the State of Louisiana I do hereby Certify that

VALDIVIA CONSTRUCTION LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on December 08, 2011,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seat of my Office to be affixed at the City of Baton Rouge on,

April 29, 2024

Certificate ID: 11877094#WAR93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 40683693K