(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	<u> </u>	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
wau-8	3454	





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DIVISION OF LUNE OF 35 38





June 4, 2024

TRAY WILLIAMS 6804 ABBEY TRACE DR. COTTONDALE, AL 35453 US

SUBJECT: ON TIME LABOR AND CONSTRUCTION, LLC

Ref. Number: W24000083454

We have received your document for ON TIME LABOR AND CONSTRUCTION, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 824A00012031

Ariel Jones
Regulatory Specialist II

COVER LETTER

the state of the s

TO:	Registration Division of C	Section Corporations				
SUBJI		e Labor and Construction, LLC				
Name of Limited Liability Company						
			npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida			
Please	return all corre	spondence concerning this matter to the	e following:			
	Tra	y Williams				
	Name of Person					
	On Time Labor and Construction, LLC					
	Firm/Company					
	6804 Abbey Trace Dr.					
	Address					
	Cottondale, Alabama 35453					
	City/State and Zip Code otlandconstruction@gmail.com					
		E-mail address: (to be use	d for future annual report notification)			
For fur	ther informatio	n concerning this matter, please call:				
Tray Williams		ns	205 499-6263			
		Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations		f Corporations	Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
	Tallahasse	e, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		check for the following amount: check payable to: FLORIDA DEPAR' iling Fee \$\Bigsis \$130.00 Filing Fee & Certificate of St	□ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate			

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

OMPANYTO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE SINESS INTHE STATE OF FLORIDA: Instruction, LLC Limited Liability Company; must include "Lii		Comment of the second	ORFKEN TIMITED ITABILI
(Name of Foreign)	Limited Liability Company; must include "Lir	mited Liability Com	pany," "L.L.C.," or "L.LC.")	
f name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternat	e name must include "Limited Liability C	Company," "L.t. C," or "Lt.C.")
AL			3175818	
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	(FEI number, if ap	plicable)
N/A				
· <u></u>	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)	····	
495 Grand Blvd	(
Street Address of Principal Office)		6	(Mailing Address)	·
Miramar Beach, Florid				
. Name and street addres	s of Florida registered agent: (P.O. 1	Box NOT accep	table)	SECRETA SECRETA 24 AUN 1
Name:	Tray Williams		_	Lr bi
Office Address:	495 Grand Blvd		_	LED STATE OF CORPORATIONS
	Miramar Beach,		32550 . Florida	四
	(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.

(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 Capacit	<u>y:</u>	Name and Address:
■Manager	Name: Tray Williams	□Manager	Name:	
□Member	Address: 6804 Abbey Trace Dr. Cotton	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	·
□Member	Address: 6804 Abbey Trace Dr. Cottone	□Member	Address:	
■Authorized	Manager of Operations	□Authorized		
Person		Person	1	
□Other	Other	□Other		□Other
□Manager	Name: Tequise Ruffin	□Manager	Name:	
□Member	Address: 6804 Abbey Trace Dr. Cotton	□Member	Address:	
■Authorized	Secretary	□Authorized		
Person		Person		
□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

Tray Williams

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 On Time Labor and Construction, LLC was formed in Tuscaloosa County on September 26, 2019. The Alabama Entity Identification number for this entity is 000-588-218. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240604000020540

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.

06/04/2024

Date

Wes Allen

Secretary of State