Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000229477 3)))



H240002294773ABC4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONWIDE CONTRACTOR LICENSING

Account Number : I20210000115 Phone : (954)233-0222 Fax Number : (813)441-8235

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: STATELICENSEINFO@GMAIL.COM

PECFIVED AN 8:53

# Foreign Limited Liability Company TASK FORCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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TO:

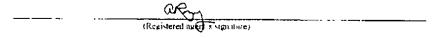
### **COVER LETTER**

PRIECE:			
	ı Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori	
ease return all correspond	lence concerning this matter t	o the following:	
AMAND	A BRIERLEY		
		Name of Person	
NCL			
		Firm/Company	
29157 CI	IAPEL PARK DR STE A		
		Address	
	CHAPEL, Ft. 33543		
	C	ity/State and Zip Code	
STATELIC	TENSEINFO@GMAIL.COM	I	
·	li-mail address: (to be	e used for future annual report notification)	
or further information con	cerning this matter, please ca	II:	
AMANDA BRIEF	RLEY	at () 233-0222 Area Code Daytime Telephone Number	
N	ame of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Cor P.O. Box 6327	porations	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL	. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## 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:

t na pe unavaitable, enter alternate	name adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Liability Com-	pans," "L.L.C," oc "	Erc.	
TEXAS		81-2929845			
:Jurisdiction under the law of which foreign limited liability company is organized)		3			
	(Date first transacted business in Florida, if prior to re (See sections 665 0904 & 605 0905; F.S. to determine	gistration ) pennity liability)			
108 INDUSTRIAL BI		108 INDUSTRIAL BLVD.			
rect Address of Principal Office)		6			
CEDAR PARK, TX 7	8613	CEDAR PARK, TX 78613			
			24	פֿועונ	
			<u> </u>	- S	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			8 -	97	
				087	
Name:	NATIONAL LICENSING CONSULTA	NTS LLC	<del></del>	98 Ai	
Office Address:	29157 CHAPEL PARK DR STE A		<u>1</u> 2	SHOI	
	WESLEY CHAPEL	. Florida			
	(Cuy)	(Zip code)			



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: PATRICK DOLAN	□Manager	Name: KENNETH CROUSE
∏Member	Address:	■Member	Address:
□Authorized	108 INDUSTRIAL BLVD.	□ Authorized	108 INDUSTRIAL BLVD.
Person	CEDAR PARK, TX 78613	Person	CEDAR PARK, TX 78613
□Other	() Ther	□Other	
LJManager	Name:	□Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized		□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. Nonindexed 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 \$.817.155, F.S.

To: FL SOS . Page: 5 of 5 2024-07-05 13:21:08 GMT 18134418235 From: ANGELA RAMS,

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

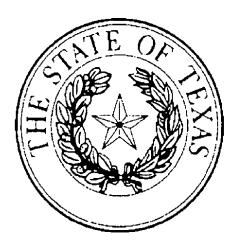
### Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Task Force Services, LLC (file number 802461379), a Domestic Limited Liability Company (LLC), was filed in this office on May 19, 2016.

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

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 May 07, 2024.



gave Helson

Jane Nelson Secretary of State

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