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M. SOLOMON JUL 17 2024 **COVER LETTER**



TO: Registration Section Division of Corporations

OVER UNDER CONTRACTORS LLC

SUBJECT: _____

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:

.

| Name of Person | |
|--|---------------------------------------|
| OVER UNDER CONTRACTORS LLC | |
| Firm/Company | · · · · · · · · · · · · · · · · · · · |
| 5511 PINE ARBOR DR | 2024 . SECTION |
| Address | |
| HOUSTON TX, 77066 | ARY D |
| City/State and Zip Code | |
| parks_overundercontractors@outlook.com | 9:15 |

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

For further information concerning this matter, please call:

| VERNON PARKS | 281 6603491 at () | |
|--------------------------|------------------------------------|--|
| Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Address: | Street Address: | |
| Registration Section | 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 | |

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| \$125.00 Filing Fee | 🗐 \$130,00 Filing Fee & | | \$155.00 Filing Fee & | 🗍 \$16 |
| | Certificate of Stat | us | Certified Copy | |

3 \$160.00 Filing Fee, Certificate of Status & Certified Copy ł

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–HMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

1. OVER UNDER CONTRACTORS LLC

| i name unavailable, enter alternate n | ime adopted for the purpose of transacting business in Fl | lorida. The alternate name i | must include "Limited Liability | Company," "L L C," or "LLC") |
|---------------------------------------|---|--|---------------------------------|---|
| TEXAS | | 93-24604 | | |
| (Jurisdiction under the law of wh | ich foreign limited liability company is organized) | 3 | (FEI number, if a | pplicable) |
| 06/27/2024 | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605.0905, F.S. to determi | registration (ine penalty liability) | | - |
| 5511 PINE ARBOR DI | ł | | EARBOR DR | |
| rect Address of Principal Office) | | O(Mailing | (Address) | |
| HOUSTON TX 77066 | | HOUSTON | N TX-77066 | : S 20 |
| ·· | | | | ECRET |
| | | | | |
| Name and street address | of Florida registered agent: (P.O. Box | NOT acceptable) | | UL I 7 AM 9: LIARY OF SIA HASSEELFLOR |
| | | | | |
| Name: | Registered Agents Inc | | | 210,2 210,2 |
| Office Address: | 7901 4th St N STE 300 | | | |
| | St. Petersburg, FL | | 33702 | |

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.

las 1 oberts (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> | Name and Address: | Title or Capacity: | | Name and Address: |
|---------------------------|-----------------------------|--------------------|----------|-------------------|
| ■ Manager | Name: VERNON PARKS | ⊡Manager | Name: | |
| ⊡Member | Address: 5511 PINE ARBOR DR | □Member | Address: | |
| □Authorized | HOUSTON TX 77066 | □Authorized | | |
| Person | · | Person | | |
| □Other | Dther | ⊡Other | | □Other |
| □Manager | Name: | □Manager | Name: | 2824 IAL |
| □Member | Address: | ⊡Member | Address: | |
| □Authorized | | □Authorized | ····. | <u> </u> |
| Person | <u></u> | Person | | |
| □Other | Other | ⊡Other | | |
| | | | | |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | <u></u> | 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.

| the Department of State constitutes a third degree felony as provided for in s.817.1 |
|--|
| |
| |
| |
| Signature of an authorized person |
| |
| Ison PARKS |
| Typed or printed name of signee |
| rypeu or princu name or signee |

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 OVER UNDER CONTRACTORS LLC (file number 805141399), a Domestic Limited Liability Company (LLC), was tiled in this office on July 14, 2023.

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 July 16, 2024.



one-Meb

Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 I TID: 10264

Dial: 7-1-1 for Relay Services Document: 1382428440004