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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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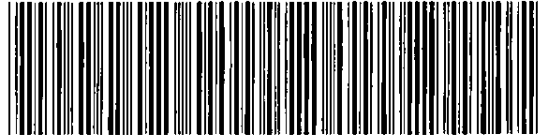
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WB Contracting Group, LLC

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:

Danielle Henriksen

Name of Person

Sage International, Inc.

Firm/Company

1135 Terminal Way Ste 209

Address

Reno NV 89502

City/State and Zip Code

danielle@sageintl.com

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

For further information concerning this matter, please call:

Danielle Henriksen

775

786-5515

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

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

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

WB Contracting Group, 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. Virginia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 8014 Cumming Hwy #403-220
(Street Address of Principal Office)

6. 8014 Cumming Hwy #403-220
(Mailing Address)

Canton GA 30115

Canton Ga 30115

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

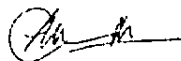
Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(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)

Chris Das, AVP, Business Filings Incorporated

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:**

☐ Manager Name: Wendy Paduano

☒ Member Address: 8014 Cumming Hwy #403-220

☐ Authorized Canton GA 30115

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Paduano

☒ Member Address: 8014 Cumming Hwy #403-220

☐ Authorized Canton GA 30115

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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 § 817.155, F.S.

Signature of an authorized person:
Wendy Paduano
Typed or printed name of signer: Wendy Paduano

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That WB Contracting, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 3, 2011; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 5, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission