

M24000012637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

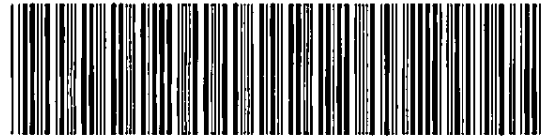
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900436640039

10/03/24--01001 011 \*4,125.00

RECEIVED

2024 OCT -3 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 OCT -3 PM 1:26

OCT 03 2024

C. Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** JENA 10/2

CERTIFIED COPY \_\_\_\_\_

**XX** PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

**XX** FILING FOREIGN LLC

1. TRIFECTA MASONRY AND CONSTRUCTION, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Trifecta Masonry and Construction, LLC
(Name of Foreign Limited Liability Company; must include "Limited 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.")

2. Kansas (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 10/2/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2801 S 9th Street
(Street Address of Principal Office)

6. 2801 S 9th Street
(Mailing Address)

Kansas City, KS 66103

Kansas City, KS 66103

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln, Suite A

Tallahassee, Florida 32308
(City) (Zip code)

2024 Oct -3 PM 14:27

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.

[Signature] Ryan DeAnda, Asst. Sec.
(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>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Julian A. Cuevas</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Cesar Villalva</u>
<input type="checkbox"/> Member	Address: <u>2801 South 9th Street</u>	<input type="checkbox"/> Member	Address: <u>2801 South Street</u>
<input type="checkbox"/> Authorized Person	<u>Kansas City, KS 66103</u>	<input type="checkbox"/> Authorized Person	<u>Kansas City, KS 66103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Julian A. Cuevas

Typed or printed name of signee

STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 8518763

Business Name: TRIFECTA MASONRY AND CONSTRUCTION,LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on December 26, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:  
I affix my official certification seal.  
Done at the City of Topeka,  
on this day July 15, 2024.

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE

Certification Number: 175236-20240715 To verify the validity of this certificate please visit  
<https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx> and enter certificate number.