

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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H240003348003ABC1

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

RECEIVED  
10/3/24 9:57 AM H:8:53  
FLORIDA DIVISION OF CORPORATIONS  
1000 BRICKELL AVENUE  
SUITE 100  
MIAMI, FL 33131

10/3/24 9:57 AM H:8:53

Foreign Limited Liability Company  
**L THOMPSON ELECTRICAL CONTRACTOR LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$130.00 |

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## COVER LETTER

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TO: **Registration Section**  
**Division of Corporations**

SUBJECT: L THOMPSON ELECTRICAL CONTRACTOR 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:

LOVETTE DOBSON

Name of Person

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( 1 ) 888-462-3453

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 &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate  
of Status    Certified Copy    of Status & Certified Copy

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**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. L THOMPSON ELECTRICAL CONTRACTOR LLC**

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

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

**2. Connecticut**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. \_\_\_\_\_**

(EIN 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. 1150 Nw 72nd Ave Tower 1**

(Street Address of Principal Office)

**6. 1150 Nw 72nd Ave Tower 1**

(Mailing Address)

Ste 455 #18192

Ste 455 #18192

Miami, FL 33126

Miami, FL 33126

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

Name:

**REPUBLIC REGISTERED AGENT LLC**

Office Address:

1150 Nw 72nd Ave Tower 1 Ste 455

24240CT-7 P11 2:21

Miami

(City)

33126

(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.*

Lovette Dobaon

(Registered agent's signature)

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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 type="checkbox"/> Manager           | Name: <u>Lloyd Thompson</u>          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>52 Kenwood Cir</u>       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Bloomfield, CT 06002</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>                                       | <br>                                 | <br>                                 | <br>                                 |
| <input type="checkbox"/> Manager           | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>                                       | <br>                                 | <br>                                 | <br>                                 |
| <input type="checkbox"/> Manager           | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                | 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.

/s/ Lloyd Thompson

Signature of an authorized person

Lloyd Thompson

Typed or printed name of signee

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**Secretary of the State of Connecticut  
Certificate of Legal Existence**

(((H24000334800 3)))

## Certificate of Legal Existence Certificate

Date Issued: Thursday, October 03, 2024 11:48 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

**Business Details**

|                |                                      |
|----------------|--------------------------------------|
| Business Name  | L THOMPSON ELECTRICAL CONTRACTOR LLC |
| Business ALEI  | US-CT.BER:3074625                    |
| Formation Date | 09/20/2024                           |



Secretary of the State

Business ALEI: US-CT.BER:3074625

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

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Certificate Number: C-00144577

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