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(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

TO:

	R L PIPING AND METAL FABRICATIO	ON, LLC					
Name of Limited Liability Company							
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida					
lease r	return all correspondence concerning this matter t	to the following:					
	ANGELA CRANE						
		Name of Person					
	CLSI						
	Firm/Company						
	2716 GARNER RD SW						
		Address					
	ALBUQUERQUE, NM 87105						
		lity/State and Zip Code					
	CLS@CLSLCOM						
	E-mail address: (to be	e used for future annual report notification)					
or furt	her information concerning this matter, please ca	11:					
	ANGEL CRANE	505 452-8311 at()					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Tananassee, FL 32314	Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF ■ \$125.00 Filing Fee □ \$130.00 Filing Fe						

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "ELC.")	<u>.</u>	
t name unavailable, enter alternate i	same adopted for the purpose of transacting business in Flo	ridi. The alternate name most melode "Limited Liability Con	pany," "L.L.C." or "LLC."	
IDAHO				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (CEI number, if applicable)		
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	gistration) c negaty hability)		
4988 N BAYLOR LN		PO BOX 177		
eet Address of Principal Office)		6(Mailing Address)		
MERIDIAN, ID 83646	,	STAR, ID 83669		
	 -			
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)	21	
	INCORP SERVICES INC		ZWZH OCT	
Name:				
Office Address:	3458 LAKESHORE DR		<u>ရာ</u>	
Office Address.			77	
	TALLAHASSEE	. Florida (Zip code)	5.	
	(Cuy)	(Zip code)	S. S.	
signated in this application comply with the provisi	gistered agent and to accept service of pi tion, I hereby accept the appointment as	rocess for the above stated limited liability registered agent and agree to act in this c and complete performance of my duties, a	company at the pla apacity. I further a	
	SEE ATTACHED	CONSENT		
	(Registered agent's sa			



9107 West Russell Road Suite 100 Las Vegas, NV 89148-1233

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

August 19, 2024

Corporations Division
Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at

3458 Lakeshore Drive, Tallahassee, FL 32312 herein consents to act as Registered Agent for

R L Piping and Metal Fabrication, LLC
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete

performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

Louise Breytenbach on behalf of InCorp Services, Inc.

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: RICK LEONARD	□Manager	Name:	
■Member	Address: 4988 N. BAYLOR LN	□Member		
□Authorized	MERIDIAN, ID 83646	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized	114	□Authorized		
Person		Person		
□Other	Other	□Other	<u>_</u>	Other
□Manager	Name:	□Manager	Name:	
□Member	Address;	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other

<u>Important Notice</u>: 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

RICK LEONARD

Typed or printed name of signee

File Number

1183971-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

R L PIPING AND METAL FABRICATION, LLC, AN IDAHO LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 15, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH

day of SEPTEMBER A.D. 2024

Authentication #: 2427402880 verifiable until 09/30/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE