

M24 0000 14579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

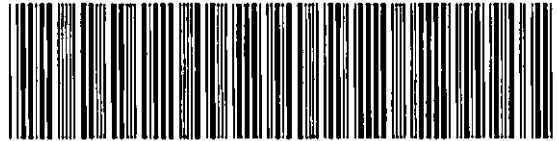
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300439716773

300439716773
11/19/24--01002--003 **125.00

FILED
2024 NOV 18 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 18 PM 2:55
TALLAHASSEE, FL
SECRETARY OF STATE



November 14, 2024

Tony Smith
Construction Permitting Solutions, LLC
225 W. Brevard St.
Tallahassee, FL 32301

Applicant: Veterans Singleply LLC
State Agency: Florida Division of Corporations
Type Application: Foreign Business Registration

Tony:

Please find attached the below listed documents which we trust you will hand deliver to the Division of Corporations office requesting expedited processing of the above reference application. Please email to me evidence of the application approval.

1. Florida Division of Corporations Application.
2. Florida Department of State Application Fee (\$125).
3. CPS, LLC Payment (\$95).

Thank you for your assistance with this process.

Sincerely,

David L. Taber Jr.

David L. Taber, Jr.
President

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. VETERANS SINGLEPLY, 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. ARIZONA

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

3. 27-0586839

(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. 6605 E. VIRGINIA ST.

(Street Address of Principal Office)

6. P.O. BOX 21858

(Mailing Address)

MESA, AZ 85215

MESA, AZ 85277

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

Name: CONTRACTOR LICENSING INC.

Office Address: 601 E. ELKCAM CIR, UNIT B-1

MARCO ISLAND, Florida 34145
(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.

ANT - President

(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]:

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

☐ Manager Name: Scott Dickson

☒ Member Address: 6605 E. Virginia St

☐ Authorized Mesa, AZ 85215

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Kayleen Dickson

☐ Member Address: 6605 E. Virginia St

☐ Authorized Mesa, AZ 85215

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Stacy Moore

☐ Member Address: 42111 N. 45th Dr

☒ Authorized Phoenix, AZ 85086

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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 s.817.155, F.S.

Scott Dickson

Signature of an authorized person

Scott Dickson

Typed or printed name of signee

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

VETERANS SINGLEPLY, LLC

ACC file number: L15402664

was incorporated under the laws of the State of Arizona on 07/20/2009, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 11/14/2024



A handwritten signature in cursive script, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director