PLEASE RETAIN ORIGINAL DATE OF SUBMISSION: 12/6/2024

Florida Department of State

Division of Corporations US8

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000401969 3)))



H240004019693ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 *Enter the email address for this business entity to be used for future $^{\circ}$ స్మేమీnual report mailings. Enter only one email address please. ** 子是的dail Address: Foreign Limited Liability Company COUSIN'S WATERPROOFING, LLC Certificate of Status Certified Copy 1 05 08 Page Count

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$155.00



December 9, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

,

SUBJECT: COUSIN'S WATERPROOFING, LLC

REF: W24000161031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

"Parter" is not an acceptable title, please choose one of the options listed on the application.,

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: E24000401969

Regulatory Specialist II Supervisor Letter Number: 524A00026586

Registration Section

COVER LETTER

H24000401969 3

Exercise and check are submitted to register the above referenced foreign limited liability company to transact business eturn all correspondence concerning this matter to the following: Kerrie Jowers - Administrator	CT: CO	usin's Waterproofing LLC	
Capitol Services - Corporate Filings Team Firm/Company 515 East Park Avenue 2nd FI Address Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Nan	ne of Limited Liability Company
Capitol Services - Corporate Filings Team Firm/Company	losed "Ap	pplication by Foreign Limited Liability neck are submitted to register the above	Company for Authorization to Transact Business in Florida, Correferenced foreign limited liability company to transact business
Capitol Services - Corporate Filings Team Firm/Company 515 East Park Avenue 2nd FI Address Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	etum all	correspondence concerning this matter	to the following:
Capitol Services - Corporate Filings Team Firm/Company 515 East Park Avenue 2nd FI Address Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person		Kerrie Jowers - Administrat	
Firm/Company 515 East Park Avenue 2nd FI Address Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:			Name of Person
Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Capitol Services - Corporate	Filings Team
Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:			Firm/Company
Tallahassee, FL 32301 City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		515 East Park Avenue 2nd F	<u> </u>
City/State and Zip Code ap@teamngc.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Enclosed is a check for the following amount:			Address
E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Tallahassee, FL 32301	
E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:			City/State and Zip Code
ther information concerning this matter, please call: at (855) 498 - 5500 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	_		
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	-	E-mail address: (to b	e used for future annual report notification)
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	her inform	nation concerning this matter, please ca	II:
Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Area Code Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301			955 . 409 5500
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301		Name of Contact Person	
Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	MAILU	NG ADDRESS:	
P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301		-	
Tallahassee, FL 32314 2661 Executive Center Circle Taliahassee, FL 32301 Enclosed is a check for the following amount:	-		
Taliahassee, FL 32301 Enclosed is a check for the following amount:			_
	Tallahas	sscc, FL 32314	
	Enclose	d is a check for the following amount:	
	Please n		

H24000401969 3

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cousin's Waterp	Proofing LLC Timited Liability Company; must include "Limit	ted Liability Company." "L.L.C.," or "LL	C.')	-
(v.=u.= 0, v.=u.=	,,,,	,,	•	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited	i Liability Company," "L.L.C," or "LI	.c)
_{2.} Texas	which foreign limited liability company is organized)	3	number, if applicable)	_
(1/0/1909/2009) TERROR THE BAN OF W	vaich foreign immeet manning company is organized)	(1 14)	вином, и вринского	
4	(Date first transacted business in Florida, if prior to			
	(See sections 605.0904 & 605.0905, F.S. to determ			
5. 1150 Blue Mour	nd Road Principal Office)	6. PO Box 136579 (Mailing	Address)	-
Suite 301		Fort Worth, TX 76	6136	_
Haslet, TX 7502	20		2024 SERV TK	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	DEC -6 PP	
Name:	Capitol Corporate Services,	Inc	<u>ొక్క చ</u>	Ö
Office Address:	515 East Park Avenue 2nd F	[
	Tallahassee	, Florida 32301	1	
	(City)	(Zip	o 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.

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

Merritt Walker 8004323622

H24000401969 3

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: Blake Bolin	Manager Manager	Name: Justin Coleman					
Member	Address: PO Box 136579	Member	Address: PO Box 136579					
Authorized	Fort Worth, TX 76136	Authorized	Fort Worth, TX 76136					
Person		Person						
⊠Other <u>Directo</u>	r Other	Other	Other					
Manager	Name: Kerrie Jowers	Manager	Name:					
Member	Address: PO Box 136579	Member	Address:					
Authorized	Fort Worth, TX 76136	Authorized						
Person		Person						
Other	Other	Other	Other					
Manager	Name:	Manager	Name:					
Member	Address:	Member	Address:					
Authorized		☐ Authorized						
Person		Person						
Other	Other	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.								

Kerrie Jowers

Typed or primed name of signee

Marritt Walker 8004323622

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

H24000401969 3

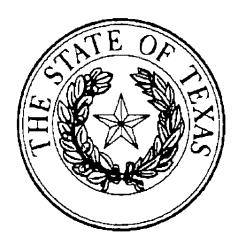
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cousin's Waterproofing, LLC (file number 802147190), a Domestic Limited Liability Company (LLC), was filed in this office on February 02, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 05, 2024.



Jane Nelson Secretary of State

Document: 1430716210003

Phone: (512) 463-5555 Prepared by: SOS-WEB TID: 10264