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(((H24000401969 3)))



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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

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
COUSIN'S WATERPROOFING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05 08
Estimated Charge	\$155.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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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. #: H24000401969
Regulatory Specialist II Supervisor Letter Number: 524A00026586
Registration Section

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SUBJECT: Cousin's Waterproofing LLC

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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. **Cousin's Waterproofing 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. **Texas**

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

3. _____

(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. **1150 Blue Mound Road**

(Street Address of Principal Office)

6. **PO Box 136579**

(Mailing Address)

Suite 301**Fort Worth, TX 76136****Haslet, TX 75020**7. Name and ~~street address~~ of Florida registered agent: (P.O. Box NOT acceptable)Name: **Capitol Corporate Services, Inc.**Office Address: **515 East Park Avenue 2nd Fl****Tallahassee**

(City)

, Florida **32301**

(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.



(Registered agent's signature)

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

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SEC. OF STATE
TALLAHASSEE, FL

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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]:

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

☐ Manager Name: Blake Bolin

☐ Member Address: PO Box 136579

☐ Authorized Fort Worth, TX 76136

Person _____

☒ Other Director ☐ Other _____

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

☒ Manager Name: Justin Coleman

☐ Member Address: PO Box 136579

☐ Authorized Fort Worth, TX 76136

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kerrie Jowers

☐ Member Address: PO Box 136579

☒ Authorized Fort Worth, TX 76136

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

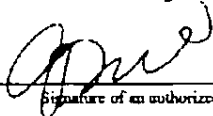
Person _____

☐ 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.



Signature of an authorized person

Kerrie Jowers

Typed or printed name of signer

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



Jane Nelson
Secretary of State

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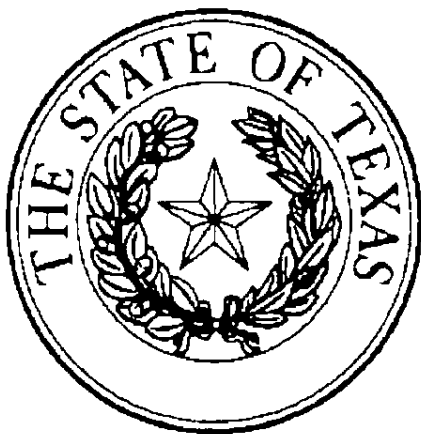
Office of the Secretary of State

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.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State

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