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то:	Registration Section Division of Corporations			
CHDIC	Tribe Heavy Civil and Marine, LLC			
SORTE	CT: Name	of Limited Liability Company		
The end Existen	closed "Application by Foreign Limited Liability Coce, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited liability company to transact business in Florida.		
Please i	return all correspondence concerning this matter to	the following:		
	Theresa Cook			
		Name of Limited Liability Company eign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of d to register the above referenced foreign limited liability company to transact business in Florida. oncerning this matter to the following: Name of Person		
	Tribe Heavy Civil and Marine, LLC			
	PO Box 1236			
Address				
	Montrose, AL 36559			
	ty/State and Zip Code			
	teri.cook@buildwithtribe.com			
	E-mail address: (to be	used for future annual report notification)		
For fur	ther information concerning this matter, please call	l:		
Theresa Cook		256 476-5786		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	□ \$125.00 Filing Fee □ \$130.00 Filing Fee	& S155.00 Filing Fee & \$\Begin{align*} \Bar{\Pi} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		

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:

Tribe Heavy Civil and	Marine, LLC Limited Liability Company; must include "Limite	***************************************	<u> </u>
	Limited Liability Company; must include "Limite	d Liability Company, Lit.C., or LLC.)	
Fribe Heavy Civil, LLC			30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
finame unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited L	nability Company," "L.L.C," or "L.L.C.
AL 2.		92-2056431 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(Flat num)	ber, if applicable is S
N/A			ECCUE LANDA L
·	(Charles themselved biggings in Elegate if or it to	ragicimity in)	— · · · · · · · · · · · · · · · · · · ·
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty hability)	12.50 V 2.00
14189 County Road 3		PO Box 1236	
street Address of Principal Office)		6. (Mailing Address)	
Fairhope, AL 36532		Montrose, AL 36559	70 · 00
<u> </u>			
Name and street address Name:	Registered Agents Inc	NOT acceptable)	
Office Address:	7901 4th St N STE 300		
	St Petersburg	. Florida (Zip code)	
	(Cuy)	(Zip code)	
designated in this applica to comply with the provis	otance: egistered agent and to accept service of attion, I hereby accept the appointment attions of all statutes relative to the property of my position as registered agent.	is registered agent and agree to act	in this capacity. I further agr.
	(Registered agent's	.ignature)	

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:	■ Manager	Name: Miles Cook
□Member	Address: PO Box 1236	□Member	Address: PO Box 1236
□Authorized	Montrose, AL 36559	□Authorized	Montrose, AL 36559
Person		Person	
Other	Other	□ Other	Zezy NO
□Manager	Name:	□Manager	Name: ST Name: Address: ST Name: ST Name: ST Name: Name: ST Name: ST Name: Nam
□Member	Address:	□Member	Address:
□Authorized		□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.

Thursa Couk			
	Signature of an authorized person		
Theresa Cook			
	Typed or printed name of signee		

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Tribe Heavy Civil and Marine, LLC was formed in Alabama on January 31, 2023. The Alabama Entity Identification number for this entity is 001-060-574. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20241104000041480

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/04/2024

Date

Wes Allen

Secretary of State