

1/26/25, 1:01 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONWIDE CONTRACTOR LICENSING

Account Number : I20210000115

Phone : (954)233-0222

Fax Number : (813)441-8235

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STATE OF FLORIDA
TALLAHASSEE, FL 32310

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

Email Address: AnnualReports.ncf@gmail.com

**Foreign Limited Liability Company
PEAK RENOVATION PARTNERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

K. SALY

JAN 28 2025

To: FL DEPT OF STATE DIVISION OF CORPORATIONS
1/26/25, 1:01 PM

Page: 2 of 6 2025-01-26 18:06:56 GMT 18134418235
Division of Corporations

From: ANGELA RAMSAY

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEAK RENOVATION PARTNERS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGELA RAMSAY

Name of Person

NATIONAL LICENSING CONSULTANTS LLC

Firm/Company

29157 CHAPEL PARK DR STE A

Address

WESLEY CHAPEL, FL 33543

City/State and Zip Code

STATELICENSEINFO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA RAMSAY

954

233-0222

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. PEAK RENOVATION PARTNERS, 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)

84-2821566

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)

2828 E TRINITY MILLS RD SUITE 110

5. (Street Address of Principal Officer)

CARROLLTON, TX 75006

2828 E TRINITY MILLS RD SUITE 110

6. (Mailing Address)

CARROLLTON, TX 75006

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

Name: NATIONAL LICENSING CONSULTANTS LLC

Office Address: 29157 CHAPEL PARK DR STE A

WESLEY CHAPEL

(City)

, Florida

33543

(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)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: CHRISTOPHER FABER	<input type="checkbox"/> Manager	Name: D&B CAPITAL PARTNERS LLC
<input checked="" type="checkbox"/> Member	Address: 2828 E TRINITY MILLS RD STE 110	<input checked="" type="checkbox"/> Member	Address: 2828 E TRINITY MILLS RD STE 110
<input type="checkbox"/> Authorized Person	CARROLLTON, TX 75006	<input type="checkbox"/> Authorized Person	CARROLLTON, TX 75006
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized Person		<input type="checkbox"/> Authorized Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

DocuSigned by:

Christopher Faber

6FC78BCA6F4743E1

Signature of an authorized person

CHRISTOPHER FABER

Typed or printed name of signer

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



Jane Nelson
Secretary of State

Office of the Secretary of State

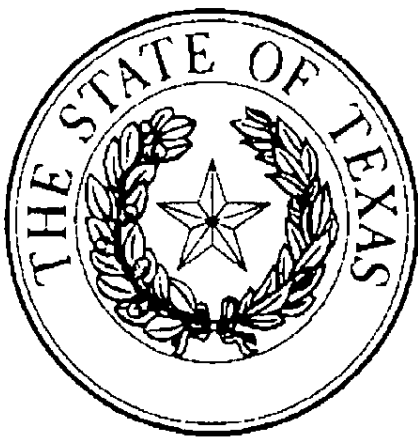
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Peak Renovation Partners, LLC (file number 803404393), a Domestic Limited Liability Company (LLC), was filed in this office on August 26, 2019.

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

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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 January 20, 2025.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State