(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
, all Instructions to Filing Officer:

Office Use Only



000405301230

03/24/23--01015**---50**\$

題 . ILED コニアをIVED 383 MAR 24 AMII: 13

T. LEMI**EUX** MAR 2 4 2023

COVER LETTER

TO:

	stration Section ion of Corporations						
SUBJECT: _	Eite Unde	e of Limited Liability Company					
The enclosed ' Existence, and	Application by Foreign Limited Liability (check are submitted to register the above)	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
	all correspondence concerning this matter to						
	Termo						
		Name of Person					
	Firm Company						
	Address						
	City/State and Zip Code						
	E-mail address: (to be	e used for future annual report notification)					
For further inf	formation concerning this matter, please ca						
	Name of Contact Person	at ()					
Mailing Address: Registration Section		Street Address: Registration Section					
_	sion of Corporations	Division of Corporations					
	Box 6327	The Centre of Tallahassee					
	ahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Pleas	osed is a check for the following amount: e make check payable to: FLORIDA DEF 25.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, I COMPANY TO TRANSACT BUSINESS IN THE I. Name of Foreign Limited Liability	STATE OF FLORIDA:	WING IS SUBMITTED TO REGISTER	A FOREIGN LIMITED LIABILITY
(Jurisdiction under the law of which foreign limited		The alternate name must include "Limited Liabil 3	
: 1108 South la	sacted business in Florida, if prior to registra i05.0904 & 605,0905, FS to determine pen	tion 1 alty hability)	- hland Bluff
Stone Mounts A 3008	zin.	Stone May	staine 6A
Name and street address of Florida re	gistered agent: (P.O. Box. <u>NO</u>	T acceptable)	24 P#12:
Name: Regi	stered Hge	Ste 300	61.5
<u>S+1</u>	letersburg	Florida 3370	2

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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Terrance Hawkins □Manager □Manager Address: 1108 Southland Bluff Address: □Member Member Stone Mountain, GA 30087 □ Authorized □ Authorized Person Person □Other_Member □Other____ Other___ □Other _ Name: _____ Name: □Manager □ Manager □Member Address: _____ Address: _____ □Member □ Authorized □ Authorized Person Person Other____ □Other____ □Other ___ □Manager □ Manager □Member Address: Address: _____ □Member □ 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. Nonindexed 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 (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.

Typed or printed name of signee

Terreance la travivisins

Control Number: 18023488

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ELITE Underground Utilities LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24839436 Date Inc/Auth/Filed: 02/15/2018 Jurisdiction : Georgia Print Date : 03/21/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State