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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONWIDE CONTRACTOR LICENSING

Account Number : I28218080115

: (954)233-0222

Fax Number

: (813)441-8235

Enter the email address for this business entity to be used for future

The email address to this obstitute the email address please.**

Ordinate Email Address: STATELICENSEINFO@GMAIL.COM

FOREIGN PROFIT/NONPROFIT CORPORATION RJK CONSTRUCTION SERVICES INC.

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JUL 1 8 2024 K. Brumbley



COVER LETTER

	tration Section on of Corporations			
SUBJECT:	RJK CONSTRUCTION SE	RVICES INC.		
	Name	of corporation	i - must include suffix	71
Dear Sir or Ma	adam:			
Certificate of	Application by Foreign C Existence," or "Certificate ed foreign corporation to t	of Good Stan	ding" and check are suf-	et Business in Florida." omitted to register the
Please return a	Il correspondence concern	ing this matter	to the following:	
AMANDA BRI			-	
		Name of	Person	
NCL				
29157 CHAPEI	. PARK DR STE A	Firm/Com	pany	
		Addre	SS	
WESLEY CHA	PEL, FL 33543			
STATELICENS	EINFO@GMAIL.COM	City/State ar	nd Zip code	
	E-mail address	to be used f	or future annual report in	notification)
For further info	armation concerning this m	atter, please ca	all:	
AMANDA BRII	ERLEY	954	233-0222	
Name	of Person	Area Code	Daytime Teleph	none Number
Registr Divisio The Ce 2415 N	ET/COURIER ADDRESS ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
Enclosed is a ef Please make chec S70.00 Filing	neck for the following amo k payable to: FLORIDA DE g Fee	PARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)	-
TEYAS		87-4513931		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	r Florida, if prior to registration) 502, F.S., to determine penalty liabili	ity)	
7. 2517 E. UNION	BOWER RD IRVING, TX 75061			
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)	2024 JUN	
8. Name and <u>stre</u>	et address of Florida registered agent: (P.O). Box <u>NOT</u> acceptable)		- X
Name:	NATIONAL LICENSING CONSULTANT	S,LLC	19	開発さ
Office Address:	29157 CHAPEL PARK DR STE A		P.	֓֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֟֝֟֟֟֝֟֟֟֟֟ ֓֓֓֓֓֓֓֞֓֓֓֓֓֞֓֓֓֓֓֓֓֓֓֓
	WESLEY CHAPEL	. Florida 33543 (Zip code)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	(City)	(Zip code)	, •	
Having been nam lesignated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	wat as registered agent and agre dative to the proper and complete	r to act in this capar	ite I

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

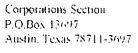
A. DIRECTORS Name: ____ RAYMOND KEECH □ Chairman **II**Chairman Name: Address: 2517 E. UNION BOWER RD □Vice Chairman Address: □Vice Chairman IRVING, TX 75061 □ Director □Director □ President **DPresident □Vice President □Vice President **U**Secretary ☐Treasurer ☐ Secretary □Treasurer ©EQ CEQ □Other____ COther____ □Other _____ □Chairman Name: □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: Director **Director** □President President □Vice President □ Vice President **Discretary** ☐ Treasurer ☐ Secretary ☐Treasurer ☐ Other _____ Other ____ □Other _____ Name: Chairman □Chairman Name: □Vice Chairman Address: Address: ☐ Vice Chairman □Director □Director **President** □President □ Vice President TVice President ☐ Secretary □Treasurer ☐Secretary ☐ Treasurer DOIner _____ □Other _____ ☐Other _____ ZIOther 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 fifing your Florida Department of State Annual Report form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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 Director or Officer

Jane Nelson Secretary of State

From: ANGELA RAMSAY





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 RJK CONSTRUCTION SERVICES Inc. (file number 804385977), a Domestic For-Profit Corporation, was filed in this office on January 13, 2022.

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 July 15, 2024.



gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1381929650003