## M2200016550

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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S. FRANKLIN

## COVER LETTER

10:	Division of Corporations							
	DRI Gulf Coast LLC							
SUBJECT: Name of Limited Liability Company								
The en Exister	closed "Application by Foreign Limitates, and check are submitted to registe	ed Liability Company for Authorization to Transact Business in Florida er the above referenced foreign limited liability company to transact bus	," Certificate of iness in Florida.					
Please	return all correspondence concerning	this matter to the following:						
	Caren Galletta							
	Name of Person							
DRI Gulf Coast LLC								
Firm/Company								
	26255 Saint Lucia Drive							
	Address							
	Orange Beach, AL 36561							
City/State and Zip Code								
caren.galletta@DRIGulfCoast.com								
	E-mail ac	ddress: (to be used for future annual report notification)	- 1:-					
For fur	rther information concerning this matt	er, please call:	<b>C</b>					
	Caren Galletta	Person Area Code Daytime Telephone Number	_					
	Name of Contact I	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						
		ng amount:  ORIDA DEPARTMENT OF STATE  .00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee  Certificate of Status Certified Copy of Status & Ce						

## 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:

, DRI Gulf Coast					
(Name of Foreign	Limited Liability Company: must include "Limited	Liability	Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate in	name adopted for the purpose of transacting business in Flo	rida The	alternate name must include "Limited Lia	ability Company," "L.L.C." or "LLC")	
2. Alabama (Jurisdiction under the law of which foreign limited liability company is organized)			88-1277111 (FEI number, if applicable)		
	, , , , , ,				
4	(Date first transacted business in Florida, if prior to it (See sections 605,0904 & 605,0905, F.S. to determine	egistration ie penalty	n.) Itability)		
J	t Lucia Drive	6.	26255 Saint Lucia Drive		
Orange Beac	ch AL 36561		Orange Beach, Al	_ 36561 <sub>53</sub>	
				~	
	CD1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT 8	ассертавіс)	:	
Name:	Registered Agents Inc			Ċ	
Office Address:	7901 4th St N STE 300				
	St. Petersburg		Florida 33702		
	(City)		(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)

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: Name and Address: Title or Capacity: Title or Capacity: Name: Caren Galletta Name: □Manager □ Manager Address: 26255 Saint Lucia Drive Address: X Member Orange Beach AL 36561 ☐ Authorized □ Authorized Person Person □Other \_\_ □Other\_\_\_\_\_ Other\_\_\_\_ ☐Manager Name: \_\_\_\_\_\_ □Manager Name: \_\_\_\_\_ ☐ Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_ Name: \_\_\_\_\_ ☐Manager □Manager Name: \_\_\_\_\_ Address: Address: ☐Member ☐ 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 (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 Caren C. Galletta

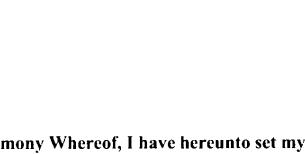
Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, 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 DRI Gulf Coast LLC was formed in Alabama, Alabama on August 12, 2021. The Alabama Entity Identification number for this entity is 000-877837. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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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.

10/14/2022

Date

X. M. Merill

John H. Merrill

**Secretary of State**