

6/15/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

RECEIVED

2021 JUN 17 AM 10:45

**Foreign Limited Liability Company  
ABRAM HOMES LLC**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

JUN 18 2021

M. SOLOMON

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(((H21000235102 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABRAM HOMES, 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:

LISA ADAMS

\_\_\_\_\_  
Name of Person

LICENSES, ETC., INC.

\_\_\_\_\_  
Firm/Company

27911 CROWN LAKE BLVD., SUITE #211

\_\_\_\_\_  
Address

BONITA SPRINGS, FL 34135

\_\_\_\_\_  
City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MailingAddress:**

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

**StreetAddress:**

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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN 17 AM 9:43

FILED

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ABRAM HOMES, 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. ALABAMA 3. S2-1836012  
(Jurisdiction under the law of which foreign limited liability company is organized.) (ID number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.0902, F.S., to determine penalty liability)

5. 1831 EAST THREE NOTCH ST. 6. P.O. BOX 1900  
(Street Address of Principal Office) (Mailing Address)  
ANDALUSIA, AL 36421 ANDALUSIA, AL 36420

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

Name, JOEY MCMATH

Office Address, 4928 GUERNSEY RD.

PAGE 32571  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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)

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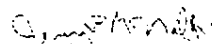
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: JEREMY MCMATH	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1831 E. THREE NOTCH ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	ANDALUSIA, AL 36421	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other AMBR	<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.



Signature of an authorized person

JEREMY MCMATH

Typed or printed name of signer

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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 Abram Homes, LLC was  
formed in Covington County, Alabama on July 20, 2017. The Alabama Entity  
Identification number for this entity is 396-892. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.



20210615000008146

**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.**

06/15/2021

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State

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