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(City/S	State/Zip/Phon	e #)
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**EXAMINER** 



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ALABAMA STATE CAPITOL
600 DEXTER AVENUE
SUITE S-105
MONTGOMERY, AL 36130



(334) 242-7200 FAX (334) 242-4993

WWW.SOS.ALABAMA.GOV

October 24, 2008

PHILLIP PARKER
TAKE FIVE OF ALABAMA LLC
PO BOX 13589
JACKSON MS 39236

Re: Take Five of Alabama, LLC

Dear Sir or Madam,

This letter acknowledges receipt of your request for certificate(s) of existence on the above named limited liability company and your payment in the amount of \$5.00.

I am enclosing the certificate(s) regarding the above named limited liability company.

Sincerely,

Beth Chapman Secretary of State

BC:es

### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Take Five of Alabama, LLC  (Name of Limited Liability Company)						
The enclosed "Application by Foreign Limited Lia	bility Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited					
Please return all correspondence concerning this m	natter to the following:					
R. Phillip Parker, CPA						
(Name of Person)						
Parker and Associates, CPA's, PLLC						
(Firm/Company)						
P O Box 13589						
	(Address)					
Jackson, MS 39236						
•	ate and Zip Code)					
For further information concerning this matter, ple	ase call:					
Phillip Parker	at ( 601 ) 982-5341					
(Name of Person)	(Area Code & Daytime Telephone Number)					
MAILING ADDRESS:	STREET ADDRESS:					
Division of Corporations	Division of Corporations $\omega \simeq \omega$					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee}\$ \sum{\$\sum{\$\sum{\$130.00 Filing Fee}}\$}\$  Certificate of	\$155.00 Filing Fee & \$\infty\$\$\$ \$\infty\$\$\$ \$160.00 Filing Fee, Certificate					

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Take Five of Alaba		IE STATE (	OF FLORID.	DA:				
	Liability Company; must inc	clude "Lim	ited Liabili	ity Company	," "L.L.C.,"	or "LLC	<u>)</u>	<b>-</b>
(If name unavailable, enter altern consent of the managers or mana Company," "L.L.C.," "LLC.")								
<sub>2.</sub> Alabama		3. 26-	35871	41				
(Jurisdiction under the law of company is organized)	vhich foreign limited liability	,	( F	EI number,	if applicable	e)		-
4. March 1, 2006 (Date of Organi	zation)	(Du	petual ration: Yea	r limited lial tual")	bility compa	ny will c	ease to	-
6. November 1, 2008	3		, ,	,				
(Dat	e first transacted business in ections 608.501 & 608.502 F	Florida, if S. to deter	prior to reg	istration.) lty liability)				-
<sub>7</sub> 355 Edgewood Te			•	•				
Jackson, MS 3920	 16							-
<u> </u>	(Street Addre	ss of Princ	ipal Office)	)	- · · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	-
8. If limited liability compa	ny is a manager-manage	ed compa	ny, check	k here				
9. The name and usual busi	ness addresses of the ma	naging r	nembers (	or manage	rs are as fo	ollows:		
Frederick A. Ross	_			_			) T (	
110001101171.11000	P.O. Box	5425	5	TEASE	cola F	<u> </u>	<u> </u>	30 /
								_
								_
10. Attached is an original certificathe jurisdiction under the law of with translation of the certificate under of	hich it is organized. (A photoc	opy is not a	cceptable. I					cords in
11. Nature of business or p	urposes to be conducted	or promo	oted in Flo	orida: Re	eal Esta	ite <u>-</u>		_
				_			30.80	
V				, ,		383	ယ	
Signa	iture of a member or an a	authorize	d represe	ntative of	a member.		MM I	1
(In acc	ordance with section 608.408(3) rmation under the penalties of pe	, F.S., the ex	ecution of t	his document	constitutes	71.01 71.01	8; 14	ij
	derick A. Ross		•		•		_	

Typed or printed name of signce

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The	name	of the	Limited	Liability	Company	is:
	1 110	1101110	OI UIIO	Limitou	Liubility	Company	1.7.

#### Take Five of Alabama, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

#### Take 5 of Alabama, LLC

2. The name and the Florida street address of the registered agent and office are:

Frederick Ross
(Name)

1513 Tra Cup Court
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Panama City
FL
City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Take Five of Alabama, LLC organized in the office of the Judge of Probate of Baldwin County on March 1, 2006. I further certify that the records do not disclose that said Take Five of Alabama, LLC has been dissolved.



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.

October 24, 2008

Date

Beth Chapman

Beth Chapman

**Secretary of State**