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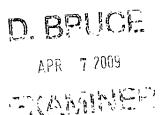
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: COLONY CONST	ted Liability Company)
	pility Company for Authorization to Transact Business in pmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
MILE (Nan	ne of Person)
	STRUCTION LLC n/Company)
28740 Hw	Address) Ac 36526 te and Zip Code) se call: at (251) 302-0199 (Area Code & Daytime Telephone Number)
DAPHNE (City/Sta	Ac 36526 5 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
For further information concerning this matter, plea	se call: SAIR SO
MIKE KEATING (Name of Person)	at (251) 302-0199 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{\$125.00}\$ \text{Filing Fee} \sum_{\$130.00}\$ \text{Filing Fee & Certificate of S}	Status Certified Copy of Status & Certified Copy

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

	E WITH SECTION 608.503, I TTY COMPANY TO TRANSACT			TTED TO REGISTER A FOREIGN
·	CoLONY Foreign Limited Liability Co	CONSTRU	CTION, LLC	
(Name of	Foreign Limited Liability Co	ompany; must include "	Limited Liability Company,	' "L.L.C.," or "LLC.")
onsent of the ma	anagers or managing member			da and attach a copy of the written nust include "Limited Liability
ompany," "L.L	•			en F (ILA
(Jurisdiction u company is or	ABAMA inder the law of which foreign ganized)	1 limited liability 3.	(FEI number, if	applicable)
	(Date of Organization)	, 5	PERPETU	16
_	(Date of Organization)		PER PETU / (Duration: Year limited liabi exist or "perpetual")	lity company will cease to
	NIA			<u> </u>
	(Date first transactions 608.5	eted business in Florida 301 & 608.502 F.S. to d	, if prior to registration.) etermine penalty liability)	
	28740 HW	4 98 Su	LINE 9	SS
	DAPHNE,	42 365	incipal Office)	
	,	(Street Address of Pr	rincipal Office)	ORA CO
If limited li	iability company is a mar	nager-managed con	npany, check here 🔀	O DA
The name a	and usual business addres	sses of the managin	g members or managers	are as follows:
P411	GHANED 28	740 Hur. 9	BSwite 9 Do	phne, AL 36526
•		- 70 7760g F	5 1 0 h	DIMO, 112 3035-0
PILL	y bixon 28	1740 Hwy 9	8 Suite 9. Da	phne, AL 36526
MIL	LE KEATING	19380 Qua	HL CREEK DR.	phne, AL 36526 FMRHOPE, AL 365
				official having custody of records in
e jurisdiction un	nder the law of which it is organ	nized. (A photocopy is n	ot acceptable. If the certificate	
nslation of the o	certificate under oath of the tran	islator must be submitted	l.)	
I. Nature of	business or purposes to l	be conducted or pro	moted in Florida: 🕼	NSTRYCTION
-	1	0. V		· · · · · · · · · · · · · · · · · · ·
	Signature of a m	ember or an author	ized representative of a	member.
	(In accordance with se	ection 608,408(3), F.S., th	the execution of this document co	nstitutes

Typed or printed name of signee

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:	
If name unavailable, the alternate name to be used in the state of Florida is:	-
2. The name and the Florida street address of the registered agent and office are: $\begin{cases} \frac{2N}{N-N} & 0 \\ \frac{N}{N-N} & 0 \end{cases}$	•
INCORP SERVICES, TUC.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
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.

Janice Jull on behalf of Incorp Services, Inc.
(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 Colony Construction, LLC organized in the office of the Judge of Probate of Baldwin County on January 6, 2009. I further certify that the records do not disclose that said Colony Construction, 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.

January 27, 2009

Date

Beth Chapman

Beth Chapman

Secretary of State