M120000021668

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #	r)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)	
(Document Number)			
Certified Copies	_ Certificates c	of Status	
Special Instructions to Filing Officer:			
MAY 12 2012			
L. SELLERS			

Office Use Only

05/09/12--01016--023 **125.00

12 MAY-9 PH 1: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

SUBJECT: ESHOWELL, LLC

TO:

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:
Myra S. Shipes
Name of Person
Farmer, Price, Hornsby & Weatherford, LLP
Firm/Company
Post Office Drawer 2228
Address
Dothan, Alabama 36302
City/State and Zip Code
emilyhowell@yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report normeation)
For further information concerning this matter, please call:
Myra S. Shipes at (334) 793-2424
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{ \$\sum_{130.00}\$ Filing Fee & Certificate of Status} \text{ \$\sum_{155.00}\$ Filing Fee & Certificate Copy} \text{ \$\sum_{160.00}\$ Filing Fee, Certificate of Status & Certificate Copy}

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:

1. ESHOWELL, LLC (Name of Foreign Limited Liability Company; must include	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
ALABAMA (Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)
4. November 29, 2011 (Date of Organization) 5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	rida, if prior to registration.) to determine penalty liability)
7. 7505 Thomas Drive Unit 813	
Panama City Beach, Florida 32408	f Principal Office)
8. If limited liability company is a manager-managed c	_
The name and usual business addresses of the management.Emily S. Howell	ging members or managers are as follows:
7505 Thomas Drive, Unit #813	
Panama City Beach, Florida 32408	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit 11. Nature of business or purposes to be conducted or particular.	itted.)
(In accordance with section 608.408(3), F.S., the execut penalties of perjury that the facts stated herein are true.	norized representative of a member. ion of this document constitutes an affirmation under the constitutes and affirmation submitted in a third degree felony as provided for in s.817.135, F.S.)

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.

. The name of the Limited Liability Company is:	
ESHOWELL, LLC	
f unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Emily S. Howell	
(Name)	
7505 Thomas Drive, Unit 813	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Panama City Beach FL 32408	
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.

Ench S. House (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 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 ESHOWELL, LLC was formed in Houston County, Alabama on November 29, 2011. The Alabama Entity Identification number for this entity is 031-697. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20120504000000766

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.

5/4/2012

Date

Beth Chapman

Beth Chapman

Secretary of State