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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)			
Certified Copies	Certificates	of Status		
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2012 JUN 28 ANII: 01
SECRETARY OF STATE

W12-29618

J. BRYAN

JUN 2 9 2012

EXAMINER

COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	SICKLER ENTERPRISES LLC
	Name of Limited Liability Company
The en- Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nee, 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:
	JAMES SICKLER
	Name of Person
	SICKLER ENTERPRISES LLC
	Firm/Company ASECTION
	800 TARTAN WAY
	SICKLER ENTERPRISES LLC Firm/Company 800 TARTAN WAY Address ENTERPRISE, AL 36330 City/State and Zip Code
	ENTERPRISE, AL 36330
	jim.sickler@redbrickpizza.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	James Sickler at (334.) 347-8297
	James Sickler at (334) 347-8297 Name of Person, Area Code & Daytime Telephone Number
	MAILING ADDRESS: STREET ADDRESS:
	Division of Corporations Registration Section Registration Section Registration Section
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following amount:
	\$125.00 Filing Fee \(\subseteq \text{\$130.00 Filing Fee & Certificate of Status} \) \(\subseteq \text{\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy} \)



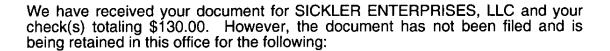
FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2012

JAMES SICKLER SICKLER ENTERPRISES, LLC 800 TARTAN WAY ENTERPRISE, AL 36330

SUBJECT: SICKLER ENTERPRISES, LLC

Ref. Number: W12000029678



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 912A00015522

TILED MII.O.

www.sunbiz.org

ARKALA ACCOUNTING & COMPUTERS Ph. (334) 347-8297 Fax (334) 347-6655

1018-C Rucker Blvd. Enterprise, AL 36330



June 19, 2012

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: James Sickler, Sickler Enterprises LLC Ref. Number W12000029678 Letter Number 912A00015522

Mr. Joey Bryan,

In reference to the above letters sent to our client, Mr. Sickler, I have enclosed the document you requested from the Secretary of State per our conversation on 06/07/12. Please process our Application for Authorization to Transact Business in Florida.

If you have any questions or require additional information from our clients, please contact us at the number(s) above.

Sincerely,

Traci R. Brentlinger

tb/enc

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. <u>Sic</u>	Ckler Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ny," "L.L.C," "LLC.")
(Juri:	ABAMA sdiction under the law of which foreign limited liability any is organized) 3. 26-2610990 (FEI number, if applicable)
4. <u>01</u>	(Date of Organization) 5. 25 YEARS (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 80	0 TARTAN WAY
EN	ITERPRISE, AL 36330 (Street Address of Principal Office)
8. If l	imited liability company is a manager-managed company, check here
9. The	e name and usual business addresses of the managing members or managers are as follows:
<u>JA</u>	MES SICKLER, 800 TARTAN WAY, ENTERPRISE, AL 36330
	
the juris translati	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under oath of the translator must be submitted.)
11. N	ature of business or purposes to be conducted or promoted in Florida: MANAGEMENT SERVICES
	ams Sable
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

JAMES SICKLER

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:
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SICKLER ENTERPRISES, LL	SICKL	.ER	ENT	ERP	RISES	. LL	C
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If 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:

JAMES SICKLER

(Name)

215 WINDSOR WAY

Florida Street Address (P.O. Box NOT ACCEPTABLE)

PANAMA CITY BEACH

32413-2858

THE BUILD

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.

\$ 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 entity records on file in this office disclose that Sickler Enterprises, LLC was formed in Coffee County, Alabama on January 4, 2010. The Alabama Entity Identification number for this entity is 441-663. 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.

June 15, 2012

Date

Beth Chapman

Secretary of State