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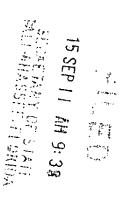
(Re	questor's Name)	
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COVER LETTER

TO:

		stration Section sion of Corporation	s					
SUBJEC		Clairmont Managem	ent, L.L.C.					
00000	J., _		Name of Limited Liability Company					
The encl Existence	losed e, and	"Application by Ford check are submitted	eign Limited Liability Compa I to register the above referer	any for Authorizat aced foreign limit	tion to Trar ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida	
Please re	eturn :	all correspondence c	oncerning this matter to the f	ollowing:				
		Kathy O. Hayni	e					
			Na	me of Person				
	Capell & Howard, P.C.							
Firm/Company								
150 South Perry Street								
				Address				
	Montgomery, AL 36104							
			City/Sta	ate and Zip Code				
			E-mail address: (to be used	for future annual	report noti	fication)		
For furth	her in	formation concernin	g this matter, please call:					
	Kat	hy Haynie		334 at (241-809	94		
		Name o	f Contact Person	Area Code	Day	time 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						
Enclose		check for the follow 125.00 Filing Fee	ring amount: \$\square\$ \$\\$130.00 \text{ Filing Fee & } \$\\ \text{Certificate of Status}\$	☐ \$155,00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clairmont Managemen	t, L.L.C.							
(Name of Fore	elgn Limited Liability (Company; mus	t include "Limite	d Liability Comp	any," "L.L.C.," or	"LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted i	for the purpose	of transacting b	usiness in Florida	. The alternate nam	ne must in	clude"	Limited
2. Alabama			3					
(Jurisdiction under the law company is organized)	of which foreign limite	d liability	J	(FEI nur	mber, if applicable)			
4	(Dota first tree	anatad hunians	en la Marida Ira	rior to registration		_		
	(See sections 60:	5.0904 & 605.0	88 in Florida, it p 0905, F.S. to deta	ennine penalty lia	i.) bility)			
5. 7020 Fain Park Drive,	Suite 5					_		
Montgomery, AL 361	17							
		t Address of P	rincipal Office)			_		
6. 7020 Fain Park Drive,	Suite 5					_		
Montgomery, AL 361	17							
		(Mailing A	(ddress)			_		
7. Name and street address	_	•	O. Box <u>NOT</u> a	cceptable)				
Name:	Corporation Service	e Company						
Office Address:	1201 Hays Street							
	Tallahassee			, Florida	32301			
Registered agent's accep		(City)			(Zip code)	_		
Having been named as re this application, I hereby with the provisions of all s the obligations of my post	gistered agent and to accept the appointm statutes relative to the lition as registered ag	ent as registe te proper and cent. (Registe	ered agent and decomplete perf	agree to act in formance of my	this capacity. I j duties, and I am Sonya Asst Vid	further a familia L. Co	gree to r with rdefi	comply and accept
8. The name, title or capa					age is/are:	를 다	<u> </u>	n ^{iar.} e ₁ = 1.
John D. Blanchard, Memb	per, 7020 Fain Park I	Orive, Suite 5	, Montgomery,	AL 36117		<u>e</u>	. .	nafalir Sag
Samuel L. Miller, Membe	er, 7020 Fain Park Di	ive, Suite 5, 1	Montgomery, A	AL 36117	·	53	သ စာ	18,27
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organiz ibmitted)	ed. (If the ce	ys old, duly authoritificate is in a	foreign language	e official having e, a translation of	custody of the certi	- of recon ificate n	rds in the under oath
		Signature o	of an authorized	person		-		
This document is executed submitted in a document to	in accordance with so the Department of S	section 605.02 tate constitut	203 (1) (b), Flo es a third degre	rida Statutes. I a e felony as prov	nm aware that any rided for in s.817.	false inf	ormati	on

Typed or printed name of signee

John D. Blanchard

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 Clairmont Management, L.L.C. was formed in Montgomery County, Alabama on November 30, 2012. The Alabama Entity Identification number for this entity is 054-709. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20150910000002448

In Testimony Whereof, I have hereunto set myohand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/10/2015

Date

X 24. Menill

John H. Merrill

Secretary of State