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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
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	gistration Section vision of Corporations	3						
SUBJECT:	ANTIETAM (FL) 20	15, LLC						
SUBJECT.		Name of Limited Liability Company						
					nsact Business in Florida," Ce company to transact business			
Please return	all correspondence co	oncerning this matter to the f	following:					
	Nathan L. Cox							
		Na	me of Person					
-								
		Fir	m/Company					
	32128 Broken B	32128 Broken Branch Circle						
			Address					
	Spanish Fort, Al	abama 36527						
		City/St	ate and Zip Code					
	ncox@battleplanc	apital.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further i	nformation concerning	this matter, please call:						
Da	vid B. Taylor, III		850 at (432-245	51			
	Name of	Contact Person	Area Code	Day	time Telephone Number			
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 clahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	a check for the followi \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	ficate		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, ANTIETAM (FL) 2015	5, LLC		
(Name of Fore	eign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "I	ILC.")
Liability Company," "L.L.C,		sacting business in Florida. The alternate name	must include "Limited
2. Alabama	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Flo	orida, if prior to registration.)	
5 32128 Broken Branch	(See sections 605.0904 & 605.0905, F.	S. to determine penalty liability)	
5. 32128 Bloken Branch	Circle		
Spanish Fort, Alabama		000	
221227 1 7	(Street Address of Principal	Office)	
6. 32128 Broken Branch 6	Circle		
Spanish Fort, Alabama			
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Beggs & Lane, RLLP, Attn: David B.	Taylor, III	NOV TO
Office Address:	501 Commendencia Street		988. 61
	Pensacola	, Florida 32502	
7	(City)	(Zip code)	<u> </u>
designated in this applicate to complywith the provisi	gistered agent and to accept service of pation, I hereby accept the appointment a	process for the above stated limited liabili s registered agent and agree to act in this and complete performance of my duties, and signature)	capacity." I further agree
8. The name, title or cap	acity and address of the person(s) who ha	as/have authority to manage is/are:	
Fortuna Investments, LLC	C, Attn: Nathan L. Cox, Manager		
32128 Broken Branch Cir	cle		
Spanish Fort, Alabama 30	5527		
	of which it is organized. (If the certificat	duly authenticated by the official having c e is in a foreign language, a translation of thorized person	
) (b), Florida Statutes. I am aware that any ird degree felony as provided for in s.817.	

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 Antietam (FL) 2015, LLC was formed in Baldwin County, Alabama on November 4, 2015. The Alabama Entity Identification number for this entity is 346-889. 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.

11/18/2015

Date

X 24. Menill

John H. Merrill

Secretary of State