(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



200283505592

03/21/16--01001--006 **125.00



CORPORATE

When you need ACCESS to the world

ŀ	7(انا	u	Ľ	S	S)

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN
	PICK UP: 3/21 HCmla
	CERTIFIED COPY
	РНОТОСОРУ
	CUS
1.	TRAWLER NEAD TIDE, LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
SPECIA	AL INSTRUCTIONS:

COVER LETTER

Divisio	ration Section n of Corporation		T:1 112			
SUBJECT:		Fawlyr Neap Name of	Limited Liability Cor	npany		
The enclosed "A	application by For	eign Limited Liability Com	pany for Authorizatio	n to Trai	nsact Business in Florida," Cer company to transact business	rtificate of in Florida
Please return all	correspondence of	concerning this matter to the	e following:			
	<u> Bo</u>	664 C Dev	Vaney JV Name of Person			
		F	irm/Company			
		5001 River	Trace			
		Theodore A	1. 36582 State and Zip Code			
		Splash 1763 E-mail address: (to be use	@ aol. com ed for future annual re	port noti	fication)	
For further infor	mation concernin	g this matter, please call:				
Bok	bby c Del	Janey 3r	at (<u>251</u>) Area Code	<u>401</u>	ime Telephone Number	
Divisio Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 issee, FL 32314		D R C 20	Division of Legistration Bud Clifton Bud 661 Exce	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certified Status & Certified Copy	icate

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 FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		ED LIABILIT
1. Trawler Neap Tide, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name this Liability Company," "L.L.C," or "LLC.")		
2. A Labama 3. 32-0353756 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
company is organized)		
4. Case Files (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 5001 River Trace		
1 Theodore Al 36582 (Street Address of Principal Office) 6. Same as above		
6 Same as above		
	100 To 100	ਲ
(Mailing Address)		The state of the s
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	3	
Name: Corporate Access, Inc. Office Address: 336 E. 6th Ave TAllAhASSEE	. 11,	
Office Address: 236 E. 6th Ave	(m., .) - (3
TALLAHASSEE Florida 32303	1	2
•		
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent.	capacity. I fi	urther agree
Janny Bannett (Registered agent's signature)		
(Registered agent's signature)		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
Bobby C DeVaney IV - Manager		
Bobby C DeVaney IV - Manager 5001 River Trace Theodore A1. 36582		
Theodore Al. 36582		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	stody of reco	ords in the under oath
Signature of an authorized person		
Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fundamental submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1.	alse informati 55, F.S.	ion

Bobby C Devaney Tr Typed or printed name of signee 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 TRAWLER NEAP TIDE, LLC was formed in Mobile County, Alabama on April 20, 2011. The Alabama Entity Identification number for this entity is 009-986. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160321000015786

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.

3/21/2016

Date

X 7. Menill

John H. Merrill

Secretary of State