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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registr Division | ation Section n of Corporation | as . | | | • | | |
|---------------------------------|---|---|------------------------------------|--|---|----------|----------|
| SUBJECT: Ch | arles Waid Archi | tecture, LLC | | | | | |
| | | Name of L | imited Liability (| Company | | | |
| | | eign Limited Liability Compa d to register the above referen | | | | | |
| Please return all | correspondence c | oncerning this matter to the f | ollowing: | | | | |
| | Charles B. Wais | d | | | | | |
| | | Na | me of Person | | | | |
| | Charles Waid A | Architecture, LLC | | | · | T.S. | = |
| | | Fir | m/Company | | EL-A | | |
| | P. O. Box 1113 | | | | 14.00 0.00 | | FIL. |
| | | | Address | | Ţ: | 10 | m |
| | Dothan, AL 363 | 302 | | | | | ē 🔾 5 |
| | | City/Sta | ate and Zip Code | |) S | <u>-</u> | i |
| 1 | charles@waidarc | h.com | | | | | |
| - | | E-mail address: (to be used | for future annual | report notific | ation) | | |
| For further inform | nation concerning | g this matter, please call: | | | | | |
| Charles | B. Waid | | 334 at (| 793-0683 | | | |
| • | Name o | f Contact Person | Area Code | Daytim | e Telephone Numb | er | |
| Division Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314 | | | STREET Al Division of C Registration Clifton Build 2661 Execut Tallahassee, | Corporations Section ling ive Center Circle | | |
| Enclosed is a che ☐ \$125 | ck for the following the control of | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | | \$160.00 Filing Fe f Status & Certified | | 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Charles Waid Architec | | | | | | | |
|--|---|--|---------------------------------|---|---------------|------------------|---------|
| (Name of For | eign Limited Liability Company; n | nust includ | le "Limited Lial | pility Company," "L.L.C.," o | r "LLC.") | • | _ |
| (traine of rost | organization Encourage Company, in | iust metac | ic Emilion Dia | onity company, isis.e., o | i bbc.) | | |
| 'name unavailable, enter a ability Company," "L.L.C, | Iternate name adopted for the purpor "cr"LLC.") | ose of tran | sacting busines | s in Florida. The alternate na | me must inch | ıde "Li | mited |
| State of Alabama | | 3 | 47-4864222 | | | | |
| Jurisdiction under the law company is organized) | of which foreign limited liability | 5. | ··· | (FEI number, if applicable | :) | | _ |
| NA NA | | | | | | | |
| | (Date first transacted busi (See sections 605.0904 & 60 | ness in Flo | prida, if prior to | registration.) | | | |
| 241 North Park Avenu | | | .S. to determine | penalty hability) | _ | | |
| Dothan, AL 36303 | | OD 1 | | | : | | |
| P. O. Box 1113 | (Street Address o | i Principa | l Office) | | 7. 33. | 6 | |
| 7. O. BOX 1113 | | | · | | - EX | 2 | |
| Dothan, AL 36302 | | | | | MS. | MAR : | F |
| | (Mailing | g Address |) | | - SEE | 24 | |
| Name and street address | ss of Florida registered agent: (| P.O. Box | NOT accept | able) | 上河 | 7 | |
| Name: | Hugh Hardman | | | | <u>8</u> 5 | 1 0 4 | |
| | 1815 Watkins Avenue | | | - | ŞA | 14 | |
| Office Address: | | | | - | | 7 | |
| | Panama City Beach | | | _, Florida <u>32407</u> | _ | | |
| | | | | /7' 1 \ | | | |
| | | ervice of | process for th | (Zip code) e above stated limited liab | oility compai | nv at t | he plac |
| signated in this applica complywith the provisi cept the obligations of i | tance: gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent | ntment a e proper t. Vynd istered age | and complete | e above stated limited liab gent and agree to act in th performance of my dutie | iis capacity. | I fur | ther ag |
| aving been named as resignated in this applica complywith the provisicept the obligations of the control of the | tance: egistered agent and to accept se stion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Regi | ntment a e proper t. Vynd istered age | and complete | e above stated limited liab gent and agree to act in th performance of my dutie | iis capacity. | I fur | ther ag |
| aving been named as resignated in this applica complywith the provisicept the obligations of the name, title or capa | tance: egistered agent and to accept se stion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Regi | ntment a e proper t. Vynd istered age | and complete | e above stated limited liab gent and agree to act in th performance of my dutie | iis capacity. | I fur | ther ag |
| aving been named as resignated in this applicated in this applicate complywith the provisicept the obligations of the name, title or capatharles B. Waid, AIA, Province of the name of the | tance: egistered agent and to accept se stion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Regi | ntment a e proper t. Vynd istered age | and complete | e above stated limited liab gent and agree to act in th performance of my dutie | iis capacity. | I fur | ther ag |
| aving been named as resignated in this applicate complywith the provision cept the obligations of the name, title or capa harles B. Waid, AIA, Property O. Box 1113 Othan, AL 36302 Attached is a certificate | stance: In a significant state of the appoint of existence, no more than 90 of which it is organized. (If the | intment at the proper of the p | ent's signature) as/have author | e above stated limited liab gent and agree to act in the performance of my dutie ity to manage is/are: | ais capacity. | I fur. famili | ther ag |

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles B. Waid, AIA, President

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, 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 Charles Waid Architecture, LLC was formed in Houston County, Alabama on August 3, 2015. The Alabama Entity Identification number for this entity is 341-470. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

16 MAR 24 AM IO: 41
SECRETARY OF STATE
TAIL SHASSEE FLORIDA

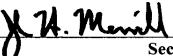


In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 29, 2016

Date

John H. Merrill



Secretary of State