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DATE: 6/2/16

NAME: ALABAMA CLIPS LLC

TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL J

COVER LETTER

TO: Registration Section Division of Corporation	is
SUBJECT: HLABO	AMA CLIPS LLC
	Name of Limited Liability Company
The enclosed "Application by Fore Existence, and check are submitted	eign Limited Liability Company for Authorization to Transact Business in Florida," Certificate I to register the above referenced foreign limited liability company to transact business in Flori
Please return all correspondence co	oncerning this matter to the following:
·	Name of Person
	Capitol Services - Corporate Filings Team Firm/Company
	T Will Company
	800 Brazos Ste 400
	Address
	Austin TV 70704
	Austin TX 78701 City/State and Zip/Code
***	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
	Í
	at (<u></u> 800) 345-4647
Name of	Contact Person Area Code Daytime 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
Enclosed is a check for the fo	Sollowing amount: \$\simegarrow\$\$130.00 Filing Fee & Status Statu

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605 0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AGENT IN THE STATE OF FLORIDA.	
1. The name of the Limited Liability Company is:	
ALABAMA CLIPS LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered ag	ent and office are:
Capitol Corporate	Services, Inc.
(Name)	
155 Office Plaz	a <u>Dr. Ste A</u>
Florida Street Address (P.O. Box NOT A	CCEPTABLE)
Tallahassee FL	32301
City/State/Zip	
Having been named as registered agent and to accept service of liability company at the place designated in this certificate. I her registered agent and agree to act in this capacity. I further agre statutes relating to the proper and complete performance of my accept the obligations of my position as registered agent as prov Statutes.	eby accept the appointment as e to comply with the provisions of ali luties, and I am familiar with and
Pegg Calden Peggy C	alder, Assistant Secretary on behalf of Corporate Services, Inc.
(Signature)	
\$ 100.00 Filing Fee for Ap \$ 25.00 Designation of R	pplication SSR V
\$ 30.00 Certified Copy (

5.00 Certificate of Status (optional)

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 th Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Alabama Clips, LLC was formed in Jefferson County, Alabama on July 28, 2015. The Alabama Entity Identification number for this entity is 341-255. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20160602000008046

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.

6/2/2016

Date

X 2. Menill

John H. Merrill

Secretary of State