M1600006240

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
01114		
W16-	49123	

Office Use Only



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16 AUG -1 PH 2: 1: SECRETARY OF STATE





July 15, 2016

DAVID MONROE 11 N. WATER ST. SUITE 10290 MOBILE, AL 36602

SUBJECT: PREMIER APARTMENT SERVICES, LLC

Ref. Number: W16000049123

We have received your document for PREMIER APARTMENT SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 916A00014837



COVER LETTER

то:		ion Section of Corporation	s						
SUBJI		ier Apartment S	Services, LLC						
SOLJI	<u> </u>		Name of L	imited Liability (Company				
			eign Limited Liability Compa I to register the above refere						
Please	return all co	rrespondence co	oncerning this matter to the f	ollowing:					
	1	David Monroe					SECO	あ	_
	Name of Person						至	15 T	1
	Premier Apartment Services, LLC						SSEE BY O		1
		Firm/Company					三二	~	
	:	11 N. Water St.	Suite 10290	_				<u></u>	
	_			Address			-		
	I	Mobile, AL 36602							
	-		City/Sta	ate and Zip Code					
	dr	nonroe@premie	rapartmentservices, LLC						
			E-mail address: (to be used	for future annual	report noti	fication)			
For fur	ther informa	ttion concerning	this matter, please call:						
David Monroe		251 at (459-887 _)						
		Name of	Contact Person	Area Code	Dayt	ime Telephone Nu	mber		
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		c for the followi O Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing of Status & Certif		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:

Premier Apartment Serv	ices, LLC		
(Name of Forei	gn Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,"		of transacting business in Florida. The alternate nam	ne must include "Limited
2. Alabama		3. 81-2297622	
(Jurisdiction under the law of company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4. N/A			
11 N. Water St. Suite 10	(See sections 605,0904 & 605.09	s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	TAL SE
5	J270		LG ≥ T
Mobile, AL 36602			EAST OF THE
	(Street Address of Pri	incipal Office)	SSR - F
6. 11 N. Water St. Suite 10	290		二二年 日
Mobile, AL 36602			STA S
17100110, 712 30002	(Mailing Ac	ddress)	- <u>=</u> -
7. N			$A^{(1)}$ ω
7. Name and street address	of Florida registered agent: (P.O	·	
Name:	REGISTERED AGENTS IN	<u> </u>	
Office Address:	3030 N. Rocky Point Dr	rive, STE 150A	
	TAMPA	, Florida 33607	_
Registered agent's accepta	(City)	(Zip code)	
this application, I hereby a	ccept the appointment as register atutes relative to the proper and	ce of process for the above stated corporation of red agent and agree to act in this capacity. I fi complete performance of my duties, and I am Bill Havre/Assistant Secretary/R	urther agree to comply familiar with and accept
-	(Register	ed agent's signature)	•
	ity and address of the person(s) was: St. Suite 10290 Mobile, AL 366	who has/have authority to manage is/are:	
			
	f which it is organized. (If the cert	s old, duly authenticated by the official having c tificate is in a foreign language, a translation of	
	Davia	l K Monroe	
-	Davia Signature of	f an authorized person	•
	n accordance with section 605.02	03 (1) (b), Florida Statutes. I am aware that any es a third degree felony as provided for in s.817.	
	David K Monroe		

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 Premier Apartment Services, LLC was formed in Mobile County, Alabama on April 21, 2016. The Alabama Entity Identification number for this entity is 361-437. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20160711000002414

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.

7/11/2016

Date

X W. Merill

John H. Merrill

Secretary of State