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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

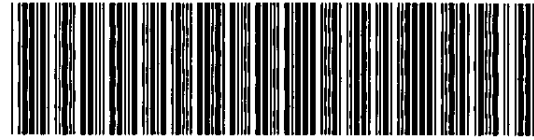
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T WASHINGTON

SEP 26 2016

**Odin
Feldman
Pittleman PC**

Wendy Stoneman
Wendy.Stoneman@ofplaw.com
Direct: 703-218-2328

September 22, 2016

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Application by a Foreign Limited Liability Company for Authorization to
Transact Business in Florida of Alice Martin Family LLC

Dear Madam or Sir:

On behalf of Alice Martin Family LLC, a Virginia limited liability company (the
“*Company*”), please find the following enclosed for filing:

1. Cover Letter;
2. The Company’s Application by a Foreign Limited Liability Company for
Authorization to Transact Business in Florida;
3. A Certificate of Fact from the Virginia State Corporation Commission; and
4. My firm check made payable to the Florida Department of State in the amount of
\$125 for the filing fees.

I am also enclosing a return self-addressed prepaid envelope to return any
confirmation of filing.

If you have any questions or need anything further, then please give me a call.

Very truly yours,



Wendy Stoneman

Enclosures

cc: Ms. Alice R. Martin
David A. Lawrence, Esquire

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alice Martin Family LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Wendy Stoneman
Name of Person

Odin, Feldman & Pittleman, PC
Firm/Company

1775 Wiehle Avenue, Suite 400
Address

Reston, VA 20190
City/State and Zip Code

alicem@email.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Stoneman at (703) 218-2315
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 following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Alice Martin Family LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Virginia (Jurisdiction under the law of which foreign limited liability company is organized)
3. 54-1712181 (FEI number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3510 Dragons Ridge Road
Panama City, FL 32411
(Street Address of Principal Office)

6. PO Box 27248
Panama City, FL 32411
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alice R. Martin
Office Address: 3510 Dragons Ridge Road
Panama City, Florida 32411
(City) (Zip code)

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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alice R. Martin
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Alice R. Martin, Managing Member, 3510 Dragons Ridge Road, Panama City, FL 32411

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Alice R. Martin
Signature of an authorized person

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.

Alice R. Martin
Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ALICE MARTIN FAMILY LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 16, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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*Signed and Sealed at Richmond on this Date:
September 22, 2016*

Joel H. Peck
Joel H. Peck, Clerk of the Commission

