M16000007978

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Duantesa Ettity Name)
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000290098670

10/04/16--01036--013 **160.00

#WEATER ST. 100 1182

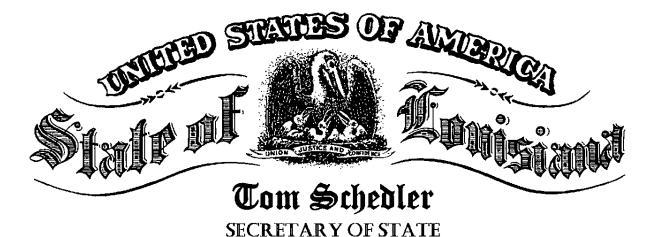
D. BRUCE OCT 06 2016

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Cowes A Time 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:
Melanie C. GRMIN Name of Person
Comes A Time, LLC Firm/Company
1589 N Bolton Avenue, Suite 1200 Address
Alexandria, LA 11303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melawe ARINA at (318) 613-8915 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: \$\Begin{array}{c} \left\ \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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
(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. Low's and L (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-5514311 (FEI number, it applicable)
4(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905. F.S. to determine penalty liability) 5. Palmeira Way
Santa Rosa Beach, FL 32459 (Street Addre's of Principal Office)
6. 1587 N. Bolton Avenue, Suite 1200
Alexandra, LA 71303
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Melanie ARMIN-VIIIa by the Sea 5
Office Address: 3540 Baldwin Road
Panama City, Florida 32404 (City) (Zip code)
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 complywith 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. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Melanie C. PARMIN, Manager, 1589 N. Boltin Ave Suite 1200 Herandnia, L.
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) 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. Melawe



As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

COMES A TIME, LLC

Domiciled at ALEXANDRIA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on November 13, 2015,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 12, 2016

Certificate ID: 10738610#SWM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 42073148K