

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** louis.tuck@warrenaverett.com

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TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
The Palms of Navarre LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 7 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Palms of Navarre 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:

Daniel Iverson

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

206 E 9th St, Ste 1300

Address

Austin TX 78701

City/State and Zip Code

louis.tuck@warrenaverett.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Iverson

at ( 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 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

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**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. The Palms of Navarre, 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. Alabama**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 63-1260964**

(FBI number, if 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. 212 Viewpoint Circle**

**Pell City Alabama 35128**

(Street Address of Principal Office)

**6. 212 Viewpoint Circle**

**Pell City Alabama 35128**

(Mailing Address)

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

Name: **Capitol Corporate Services, Inc.**

Office Address: **155 Office Plaza Dr Ste A**

**Tallahassee**, Florida **32301**

(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 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.*

*Krista Ali*

**Krista Ali, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.**

(Registered agent's signature)

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

**Sylvia Martin, Member**

**212 Viewpoint Circle**

**Pell City Alabama 35128**

**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)**

*Sylvia H. 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.

**Sylvia Martin**

Typed or printed name of signer

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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 The Palms of Navarre, L.L.C. was formed in Saint Clair County, Alabama on December 13, 2001. The Alabama Entity Identification number for this entity is 679-073. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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.

11/16/2016

Date

*J. H. Merrill*

20161116000007592

John H. Merrill

Secretary of State

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