# M17000002528

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

WALTER L MORGAN 633 S FEDERAL HWY #400A FT LAUDERDALE, FL 33301

SUBJECT: COVALENCE, LLC Ref. Number: W17000023980



We have received your document for COVALENCE, 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 117A00005350

#### COVER LETTER ,

TO:	Registration Section Division of Corporations			
SUBJI	COVALENCE, LLC			
	Name of Limited Liability Company			
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:			
	Walter L. Morgan, Esq. (Paula Haiko, Assistant)			
	Name of Person			
	Morgan, Olsen & Olsen, LLP			
Firm/Company				
633 S. Federal Highway, #400A				
Address				
Fort Lauderdale, FL 33301				
City/State and Zip Code				
	paula@morganolsen.com			
E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:			
	Paula Haiko 954 524-3111 at ( )			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	ed is a check for the following amount:  \$\Begin{array}{c} \text{ \$125.00 Filing Fee} & \Begin{array}{c} \text{ \$\$130.00 Filing Fee} & \Begin{array}{c} \text{ \$\$\$155.00 Filing Fee} & \Begin{array}{c}  \$			

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

,	IN FLORIDA	1		
	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SSINESS INTHE STATE OF FLORIDA:	S SUBMITTED TO REGISTER A I	FOREIGN LIMITE	D LIABILITY
1 CO	VALENCE, LLC			
(Name of Fore	eign Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or	"LLC.")	<del>-</del>
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting busine "or "LLC,")	ess in Florida. The alternate nam	ie must include "L	imited
2. Alabama	a 81-	-4722654 (FEI number, if applicable)		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		_
N/A				
4.	(Date first transacted business in Florida, if prior	to registration.)	-	
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determi	ne penalty liability)		
5,525 NW 1st Aven	ue	•	_	
Fort Lauderdale, I	FL 33301			
	(Street Address of Principal Office)	***	- \$5.5	
6. 525 NW 1st Aven	ue		<b>二</b> 二 二 二 二	
Fort Lauderdale, I	FL 33301		MAR RETA	,
	(Mailing Address)		- SS - 24	स्थान होत्र इ.स.च्या
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accept	otable)	7.09 1.09 1.09 1.09	! !Ti
Name:	Gregory G. Olsen, Esq.		1.51	54 Feb.
Office Address:	633 S. Federal Highway, #400A		20 S	N. Auron
	Fort Lauderale	, Florida		
	(City)	(Zip code)	-	
designated in this applica to complywith the provision	rgistered agent and to accept service of process for to tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and comple my position as registered agent.  (Registered agent's signature	agent and agree to act in thi te performance of my duties	is capacity. I fu	rther agree
8. The name, title or capa	acity and address of the person(s) who has/have authority	ority to manage is/are:		
Jeffrey Matthew L	• • • • •			
2927 Parkridge Di	rive			
Homewood, AL 3	5209			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a fore ubmitted)	icated by the official having eign language, a translation of	custody of recor	ds in the inder oath

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.

Gregory G. Olsen, Esq.

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 Covalence, LLC was formed in Jefferson County, Alabama on June 5, 2015. The Alabama Entity Identification number for this entity is 337-419. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170315000004634

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.

3/15/2017

Date

X 2. Merill

John H. Merrill

**Secretary of State**