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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

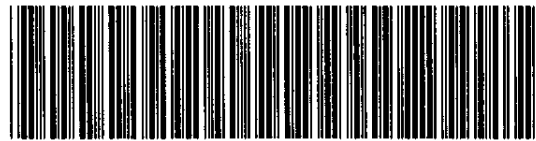
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 24 AM 9:49

MAR 26 2017

D CUSHING



EMERALD COAST
Business Services, Inc.

9685 Soldier Creek RD
Lillian, AL 36549

March 15, 2017

Diane Cushing
Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Ms. Diane Cushing,

Subject: Emerald Coast Business Services, Inc. Ref. Number F04000005217

Please find the attached application for withdrawal of Emerald Coast Business Services, Inc. and application of foreign limited liability company for Avalon HR LLC which replaces Emerald Coast Business Services, Inc.

Also is a check in the amount of \$112.50 to cover the additional fees.

Sincerely Yours,

Donnie R Rider
President

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avalon HR 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:

Don Rider

Name of Person

Avalon HR LLC

Firm/Company

100 S Pace Blvd

Address

Pensacola, FL 32502

City/State and Zip Code

donrider@ecbservice.com

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

For further information concerning this matter, please call:

Don Rider

850

475-1555

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

DON RIDER
AVALON HR LLC
100 S PACE BLVD
PENSACOLA, FL 32502

SUBJECT: AVALON HR LLC
Ref. Number: W17000024508

We have received your document for AVALON HR LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 517A00005461

**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. Avalon HR 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 3. 20-1360631
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. _____
100 S Pace Blvd, Pensacola, FL 32502
(Street Address of Principal Office)

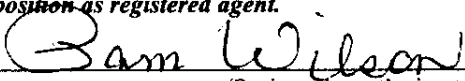
6. 100 S Pace Blvd, Pensacola, FL 32502

(Mailing Address)

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

Name: Pam Wilson
Office Address: 3311 Sugar Tree Ln
Pensacola, Florida 32503
(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.


(Registered agent's signature)

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

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.

Don R Rider

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 24 AM 9:49

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 Avalon HR LLC was formed in
Baldwin County, Alabama on July 13, 2004. The Alabama Entity Identification
number for this entity is 236-451. I further certify that the records do not disclose
that said entity has been dissolved, cancelled or terminated.



20170324000007464

**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.**

3/24/2017

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State