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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MD Thomas Construction, 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:
James Davis
Name of Person
1st United CRS, LLC
Firm/Company
4583-A Capital Circle NW
Address
Tallahassee, FL 32303
City/State and Zip Code
cc@unitedcrs.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Davis850 322-7117
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FI. 323142661 Executive Center CircleTallahassee, FL 32301

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

\$\Begin{align\*}
\Boxed{1} \text{S125.00 Filing Fee} & \Boxed{1} \text{S130.00 Filing Fee} & \text{Certificate of Status} \end{align\*}

## 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:

	name adopted for the purpose of transacting business i	a Horida. The a	lternate name must include "Limited L	iability Company," "E.L.C," or "ELC
Alabama Chirisdiction under the law of	which foreign limited hability company is organized)	<u> </u>	(FEI nor	mber, if applicable)
Upon Registration				,,
<u> </u>	(Date first transacted business in Florida, if pri (See sections 6)5 0904 & 605,6905, F.S. to de	er to registration	i ) liability)	
25299 CANAL RO			PO Box 326	
ORANGE BEACH,	•		ORANGE BEACH, AL	
7. 81		N 1/2/11		17
. Name and <u>street addre</u>	ess of Florida registered agent: (P.O. I	Box <u>NOT</u> a	acceptable)	
Name:	1st UNITED CRS, LLC		<u> </u>	<del></del> ,
Office Address:	4583-A CAPITAL CIRCLE NW			<del></del>
	TALLAHASSEE		Florida 32303	
			. Florida 02000	• •
lesignated in this applic o comply with the provis	ptance: egistered agent and to accept service ation, I hereby accept the appointmen sions of all statutes relative to the pro	it as registo	Zip co for the above stated limite ered agent and agree to ac	ed liability company at the
laving been named as r lesignated in this applic o comply with the provis	(Chy) ptance: egistered agent and to accept service ation, I hereby accept the appointmen	it as registo	Zip co for the above stated limite ered agent and agree to ac	ed liability company at the
laving been named as r lesignated in this applic o comply with the provis	ptance: egistered agent and to accept service ation, I hereby accept the appointmen sions of all statutes relative to the pro	nt as registe per and co.	Zip co for the above stated limite ered agent and agree to ac	ed liability company at the
Taving been named as r lesignated in this applic o comply with the provis and accept the obligation	ptance: egistered agent and to accept service ation, I hereby accept the appointmen sions of all statutes relative to the pro- is of my position as registered agent.	nt as registe per and co.	Zip co for the above stated limite ered agent and agree to ac mplete performance of my	ed liability company at the
Having been named as relesignated in this application of comply with the provisional accept the obligation as The name, title or cap	ptance: registered agent and to accept service ation, I hereby accept the appointment is of my position as registered agent.  (Registered agent (Registered agent) and address of the person(s) who Name and Address:  MICHAEL THOMAS	nt as registe per and co.	Cip co for the above stated limite ered agent and agree to ac mplete performance of my  authority to manage is/are:	edet
Having been named as relessionated in this applicate ocomply with the provisional accept the obligation  8. The name, title or capacity:	ptance: registered agent and to accept service ation, I hereby accept the appointment is of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:	nt as registe per and co.	Cip co for the above stated limite ered agent and agree to ac mplete performance of my  authority to manage is/are:	edet
Having been named as relessionated in this applicate ocomply with the provisional accept the obligation  8. The name, title or capacity:	ptance: legistered agent and to accept service ation, I hereby accept the appointment is of my position as registered agent.  (Registered agent.  (Registered agent.  Michael Thomas  PO BOX 326	nt as registe per and co.	Cip co for the above stated limite ered agent and agree to ac mplete performance of my  authority to manage is/are:	edet
Having been named as relesignated in this applicate of comply with the provisional accept the obligation  8. The name, title or capacity:  MGR	ptance: registered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the profits of my position as registered agent.  (Registered agent.)	nt as registe per and co.	Cip co for the above stated limite ered agent and agree to ac mplete performance of my  authority to manage is/are:	edet
Having been named as relesignated in this applicate of comply with the provisional accept the obligation  8. The name, title or capacity:  MGR	ptance: registered agent and to accept service ation, I hereby accept the appointmentations of all statutes relative to the profits of my position as registered agent.  (Registered agent.)  (Registered agent.)	nt as registe per and co.	Cip co for the above stated limite ered agent and agree to ac mplete performance of my  authority to manage is/are:	edet

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

MICHAEL THOMAS

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 M. D. Thomas Construction, LLC was formed in Baldwin County, Alabama on April 6, 2005. The Alabama Entity Identification number for this entity is 462-955. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

04/13/2017

Date

J. H. Menill

John H. Merrill

**Secretary of State**