

MITRODOW 3/4/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

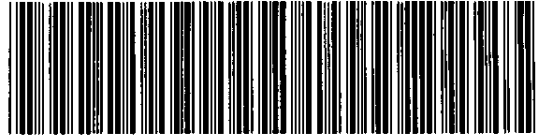
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 24 2017
S. YOUNG

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DEPARTMENT OF STATE
17 APR 24 AM 11: 11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 11: 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phenix Grading & Paving, 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:

Charles M. Hall Jr.

Name of Person

Phenix Grading & Paving LLC

Firm/Company

3912 Lee Road 248

Address

Smith Station, AL 36870

City/State and Zip Code

TFranklin@PhenixPaving.com

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

For further information concerning this matter, please call:

Charles M. Hall Jr

Name of Contact Person

at (706)

Area Code

681-1621

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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TALLAHASSEE, FLORIDA
17 APR 24 AM 11:15

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. Phenix Grading & Paving, 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. 27-4704012
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

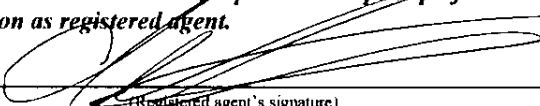
4. 4/26/2017
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3912 Lee Road 248 6. P.O. Box 2630
(Street Address of Principal Office) (Mailing Address)
Smiths Station, AL 36870 Phenix City, AL 36868

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Charles M. Hall Jr
 Office Address: 4600 KingFish Lane unit 707
Panama City Beach, Florida 32408
(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.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APR 24 11:15 AM '17**

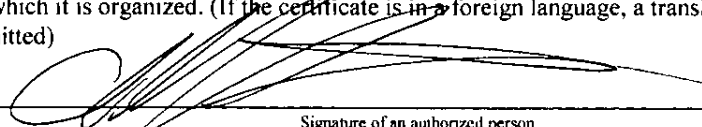

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner/President</u>	<u>Thomas Franklin</u> <small>3912 Lee Road 248 Smiths Station, AL 36870</small>	<u>Vice President</u>	<u>Charles M. Hall Jr</u> <small>1505 46th Street Phenix City, AL 36867</small>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

10. 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.

Charles M. Hall Jr.
Typed or printed name of signer

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 Phenix Grading and Paving, L.L.C. was formed in Lee County, Alabama on January 31, 2011. The Alabama Entity Identification number for this entity is 001-631. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 AM 11:15



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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.

04/05/2017

Date

A handwritten signature in cursive script that reads 'J. H. Merrill'.

John H. Merrill

Secretary of State

Client#: 1531699

128PHENIGRA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: BB&T - Sidney O. Smith, 200 Broad Street (30501), PO Box 1357 ph-770-536-3311, Gainesville, GA 30503. CONTACT NAME: Kaylan Fila, PHONE: 770 536-3311, FAX: 8669257124, E-MAIL ADDRESS: Kaylan.Fila@bbandt.com. INSURER(S) AFFORDING COVERAGE: INSURER A: National Trust Insurance Compan (NAIC # 20141), INSURER B: Bridgefield Casualty Insurance (NAIC # 10335).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Leased/Rented Equipment.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FORMS CGL084, CGL088, CAU058, WC00 03 13 Item 3. A.: Workers Compensation Insurance applies to the Workers Compensation Law of the states listed here: Alabama, Florida

CERTIFICATE HOLDER: City of Destin, 4200 Indian Bayou Trail, Destin, FL 32541. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]