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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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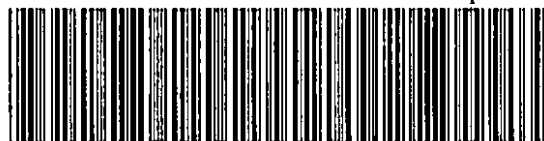
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

OCT 31 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESORT PROPERTIES MANAGEMENT COMPANY, 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:

JIMMY D MOORE
Name of Person

RESORT PROPERTIES MANAGEMENT COMPANY, LLC
Firm/Company

P O BOX 446
Address

SARALAND, ALABAMA 36571
City/State and Zip Code

JLMO1948@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE MOORE 251 709-8904
Name of Contact Person at () 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

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. RESORT PROPERTIES MANAGEMENT COMPANY, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")
2. STATE OF ALABAMA, MOBILE COUNTY 3. 45-4128244
(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. Resort Properties Management Company, LLC 6. Resort Properties Management Company, LLC
(Street Address of Principal Office) (Mailing Address)
248 Jacintoport Blvd P O Box 446
Saraland, Alabama 36571 Saraland, Alabama 36571
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: REGISTERED AGENTS, INC
- Office Address: 3030 N. ROCKY POINT DR., STE 150A
TAMPA, Florida 33607
(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.

Bel Hume

(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>Manager</u>	<u>Jackie Moore</u> <u>P O Box 446</u> <u>Saraland, Alabama 36571</u>	_____	_____
<u>Managing Member</u>	<u>Jim Moore</u> <u>P O Box 446</u> <u>Saraland, Alabama 36571</u>	_____	_____

(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)

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.

Jimmy D. Moore

(Signature of an authorized person)

Jimmy D Moore

(Typed or printed name of signer)

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17-OCT-30 PM 2:17
ALABAMA

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 RESORT PROPERTIES MANAGEMENT COMPANY, LLC was formed in Mobile County, Alabama on February 7, 2012. The Alabama Entity Identification number for this entity is 040-394. 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.

10/23/2017

Date

J. H. Merrill

20171023000035472

John H. Merrill

Secretary of State