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#### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	Communication Specialists Unlimited,	LLC						
Name of Limited Liability Company								
	closed "Application by Foreign Limited Liabi nce, and check are submitted to register the ab							
Please	return all correspondence concerning this mat	ter to the following:						
	Bianca Perez							
	<del>-, </del>	Name of Person		<del> </del>				
	Communication Specialists Unlimited, LLC							
Firm/Company								
	P O Box 6528							
	Address							
	Talladega, AL 35161							
		City/State and Zip Code						
	communication.csu.llc@gmail.com							
	E-mail address: (	to be used for future annua	l report not	ification)				
For fur	ther information concerning this matter, pleas	e call:						
	Bianca Perez	256 at (	299-963	33				
	Name of Contact Person	Area Code	Day	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301				
Enclose	ed is a check for the following amount:  \$\Bigsirem\$ \$125.00 Filing Fee		ng Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy				

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

IN COMPIJANCE 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:

State of Alabama  (Jurisdiction under the law of when the law	ame adopted for the purpose of transacting business on the purpose of transacting business on the purpose of transacting business on the purpose of transacting business of tr		Iternate name must include "Limited	Liability Company ""L L C " or "LLC")	
(Jurisdiction under the law of wh	nch foreign fimited liability company is organized)	<u>.</u> 3.			
(Jurisdiction under the law of wh	nch foreign fimited liability company is organized)	_ 3.	82-1060815	, , ,	
			3. 82-1060815 (FEI number, if applicable)		
	•				
	115 - 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13				
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to do	or to registration termine penalty	liabilitys		
200 West McMillian St		6.	P O Box 6528		
(Street Address of P	rincipal Office)		(Mailing	Address)	
Talladega, AL 35160			Talladega, AL 35161		
Name and street addres	s of Florida registered agent: (P.O. l	Box NOT:	acceptable)		
			,	F 2 1	
Name:	Sakia McCallum			EB 28 PM 8: 7	
Office Address:	2520 Southern Oaks Drive			Fi 9 2	
THE TRACE				产生 0	
च	- Cantonment		, Florida 32533		
egistered agent's accept	(City)		(Zıp	reude) 一一一一一	
signated in this applicate comply with the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro s of my position as registered agent.	nt as registe	ered agent and agree to	act in this capacity. I further	
signated in this applicate comply with the provision	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro s of my position as registered agent.	nt as registe oper and co	ered agent and agree to	act in this capacity. I further	
signated in this applicate comply with the provision	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro s of my position as registered agent.	nt as registe	ered agent and agree to	act in this capacity. I further	
signated in this applicate comply with the provision accept the obligations	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro s of my position as registered agent.	ont as register per and concerns signature) o has/have	ered agent and agree to mplete performance of t	act in this capacity. I further my duties, and I um familiar w	
signated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent active and address of the person(s) where and Address:	ont as registed oper and content of the content of	ered agent and agree to mplete performance of the manage is/ar authority to manage is/ar itle or Capacity:	act in this capacity. I further my duties, and I um familiar w  c:  Name and Address:	
signated in this applicate comply with the provision of accept the obligations.  The name, title or capa	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prosess of my position as registered agent.  (Registered agent active and address of the person(s) where and Address:  Bianca Perez	ont as registed oper and content of the content of	ered agent and agree to mplete performance of t	act in this capacity. I further my duties, and I um familiar w  c:  Name and Address:  Sakia McCallum	
signated in this applicate comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent active and address of the person(s) where and Address:	ont as registed oper and content of the content of	ered agent and agree to mplete performance of the manage is/ar authority to manage is/ar itle or Capacity:	act in this capacity. I further my duties, and I um familiar w  c:  Name and Address:	
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signated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:  Bianca Perez.  P O Box 6528	ont as registed oper and content of the content of	ered agent and agree to mplete performance of the manage is/ar authority to manage is/ar itle or Capacity:	act in this capacity. I further my duties, and I um familiar w  c:  Name and Address:  Sakia McCallum  2520 Southern Oaks Dri	

Typed or printed name of signee

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Communication Special	lists Unlimited, LLC Limited Liability Company, must include "Limited Liability Company, must include "Liability Company, mus	ted Liability Company * "LLC " or "LLC			
(Millac of Foleiga	Emmed Elaonity Company, must mende (min	neo thornty company, thee, or less	· 1		
(If name unavailable, enter alternate r	name adopted for the purpose of transucting business in t	forida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LI.C.")		
2. State of Alabama		3. 82-1060815	3 82-1060815		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FÉI number, if applicable)		
4. n/a -	•				
<u> </u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mine penalty liability)	<del></del>		
5. 200 West McMillian S	St # 2	6. P O Box 6528			
(Street Address of	Principal Office)	(Mailing Address)			
Talladega, AL 35160		Talladega, AL 35161			
•			•		
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)			
Name:	Sakia McCallum	~~~			
Office Address	2520 Southern Oaks Drive				
Office Address:		<del></del>			
* ** *	Cantonment	, Florida 32533 (Zip	-		
Registered agent's accep	(City)	(Zıp	code)		
ana accept the obligation	s of my position as registered agent.	<u> </u>			
	(Registered agent	's signature)			
8. The name, title or cap	acity and address of the person(s) who	has/have authority to manage is/arc	<b>:</b> :		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Manager	Bianca Perez	Manager	Sakia McCallum		
	P O Box 6528 Talladega, AL 35161		2520 Southern Oaks Drive Cantonment, FL 32533		
	Talladeka, AL 33101		Cantoninent, FL 52555		
		<del></del>			
(Use attachments if neces	sary)				
9. Attached is a certificate	of existence, no more than 90 days old	I, duly authenticated by the official	having custody of records in the		
jurisdiction under the law	of which it is organized. (If the certific	ate is in a foreign language, a trans	lation of the certificate under oath		
of the translator must be s	ubmitted)				
10. This document is exec	cuted in accordance with section 605.02	03 (1) (b), Florida Statutes. I am av	ware that any false information		
submitted in a document to	o the Department of State constitutes a t	third degree felony as provided for	in s.817,155, F.S.		
	The work was	)			
	Signatu	ne of an authorized person			
	Pieses Pense	ر			
	Bianca Perez				

Typed or printed name of signee

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 Communication Specialists Unlimited, LLC was formed in Saint Clair County, Alabama on April 6, 2017. The Alabama Entity Identification number for this entity is 388-320. 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.

02/20/2018

Date

X.M. Muill

John H. Merrill

**Secretary of State**