M1800000 2148

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
W18-10341							

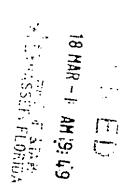
Office Use Only



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RECEIVED
JAN 2 9 2018



MAR 0 2 2018 Y SULKER



January 31, 2018

ROBERT WRIGHT 2080 CO HWY 26 HAYDEN, AL 35079

SUBJECT: ROBERT L WRIGHT LLC

Ref. Number: W18000010341

We have received your document for ROBERT L WRIGHT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 818A00002122

COVER LETTER

Division of Corporations								
SUBJECT:	R	sbeat L. U	Jright LLC					
		Name of	Limited Liability Company					
				nsact Business in Florida." Certificate of company to transact business in Florida.				
Please return	all correspondence conc	erning this matter to the	e following:					
		Robert	Wright					
		<u> </u>	Name of Person					
			Firm/Company					
		ľ	-тпи/Company					
	Zo	80 Co H	wy 26					
			Address					
		HAydes A	1 35079 State and Zip Code					
		City	State and Zip Code					
		mail address: (10 be us	ed or future annual report not	ification)				
For further in	dormation concerning th	is matter, please call:						
	Rob Wrie	A F ontact Person	at (<u>256</u>) <u>43</u> Area Code Day	6-5522 time Telephone Number				
Div Reg P.O	ision of Corporations istration Section . Box 6327 ahassee, FL 32314		Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding reutive Center Circle ee, F1, 32301				
	_	amount: \$130.00 Filing Fee & Tertificate 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 COMPANY TO TRANSACT BUSIN	N 668.0902, FLORIDA STATUTES, TI FSSS IN THE STATE OF FLORIDA:	HE FOLLOWING IS	SCAMITTED TO RD.	GISTER A FORE	KIN TIMMED L	LABILITY'
Rober	et L. Wright Li	LC.				
(Name of Foreign Limit	ited Liability Company; Must include "L	imited Liability Con	apany, "L.L.C.," or "LI	C.")		
If name analysishie, erser airremete name a	edupted for the purpose of transacting business	in Florida. The alternate	name unor sockule "Limite	d Liability Company,	""[4].C." pr "[2.C."	3
	occips limited listellity company is commissed,		82-396			
Juriediction under the law of which i	occide imited trapility company is organized;	-	· (PEI	ramber, u epplicable)	
4	Chair And property and benefits in Direction of the	mile de montrolde un l				
_	(Date divi transacted business in Florida, if p (See sections 600 0904 & 603 0905, F.S. to)	determine penalty Labelu				
5 2080 Co	pal Offices	6	(Mafini)	Address)		
Hayden	al 35079		····			
					 	
7. Name and street address o	f Florida registered agent: (P.O.	Box NOT accep	otable)			
Name:	David Bogg 4420 Tamia Naple:	5				
Office Address:	4420 Tamia	i Tele			2.5	
Chice Address.	Ala la		34	1112_	<u>}</u> }	
	(Cip)		, Florida(2)	ip code)		
MEETSIELEN BEERIN 3 Mercelwan					,	
Having been named as registed as the contraction of	tered agent and to accept service, I hereby accept the appointm	e oj process jor i ent as revistered	ne above statea un agent and agree to	usea naouny c act in this can	verpuny at the Sects: I funthe	piuce er agree
to comply with the provisions	s of all statutes relative to the pr	raper and comple	te performance of	my duties, and	l'I am famillar	with
and accept the obligations of	my position as registered agen			· · · · · · · · · · · · · · · · · · ·		ا : سمح
	Vav	id Bogs	<u> </u>		95 20	٠
	_			Ę	•	
	y and address of the person(s) w				ad Addmer.	
Title or Capacity:	Name and Address:		r Capacity:	TAKITUE I	and Address;	
MAR	Kobert L.W.	acht			·-	
	Haydan Od	33019				
	4					
						
						
(Use attachments if necessary	y)		,			
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	existence, no more than 90 days which it is organized, (If the cert nitted)	old, daly authen Lificate is in a fore	ticated by the offici eign lunguage, a trai	al having custonslation of the	dy of records i certificate undo	in the er outh
10. This document is execute submitted in a document to the	ed in accordance with section 605 to Department of State constitute	5.0203 (1) (b). Flors o third degree f	orida Statutes, I am clony as provided fo	nware that any or in 9.817.155	false informati F.S.	on
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		upanze pi sa sotionari	porces			
	Robert	F L. 1	deicht			
	,	Control or annual annual an				

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 Robert L Wright LLC was formed in Blount County, Alabama on January 17, 2018. The Alabama Entity Identification number for this entity is 507-186. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

18 MAR - II AM \$9: 49



20180302000028826

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.

03/02/2018

Date

X.W. Muill

John H. Merrill

Secretary of State