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SECRETARY OF STATE

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COVER LETTER

то:	Registration Section Division of Corporations				
CI (D II	FIGHLAND-PMG, LLC				
SUBJI	Name of	Limited Liability C	ompany		
The en Exister	aclosed "Application by Foreign Limited Liability Comnee, and check are submitted to register the above refer	pany for Authorizat enced foreign limite	ion to Tra ed liability	nsact Business in Flo company to transact	orida," Certificate of business in Florida.
Please	return all correspondence concerning this matter to the	following:			
	Juston Trimback				
	, N	Jame of Person	•		
	Highland-PMG, LLC				
	F	Firm/Company			
	P.O. Box 518				M JUL 24 SHEEFERSS
		Address			228 年 —
	Phenix City, AL 36869				24 P
	City/	State and Zip Code			THE TO ST
	amilner@trimcor.com				PH 1: 12
	E-mail address: (to be use	ed for future annual	report not	ification)	10 m 2
For fu	orther information concerning this matter, please call:				
	George W. Mize, Jr.	706 at (243-56 _)		
	Name of Contact Person	Area Code	Day	time Telephone Nun	nber
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section utilding centive Center Circle see, FL 32301	
Enclo	sed is a check for the following amount: S125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}	□ \$155.00 Filit Certified Copy	ng Fee &	S160.00 Filing of Status & Certifi	

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:

ame onavailable, enter alternate n	ame adopted for the purpose of transacting busine	ss in Florida The a	ternate name must include "Lumited Li	ability Company," "L L.C." or "LLC.")
Alabama			82-5472421	
(Jurisdiction under the law of w	nich foreign limited liability company is organized	3.	(FEI mur	nher, if applicable)
	(Date first transacted business in Florida, it (See sections 605 0904 & 605 0905, F.S.)	f prior to registration o determine penalty) liability)	
3517 Retail Drive		6.	P.O. Box 518	· · · · · · · · · · · · · · · · · · ·
(Street Address of Phenix City, AL 36869			(Mailing Ad Phenix City, AL 36868	diess)
Flichix City, Al. 3080:	, <u> </u>			72
				
Name and street address	ss of Florida registered agent: (P.C) Box NOT:	accentable)	当 音
	J. Lindsay Builder, Esq.	J. 1001 <u>1.111</u>	,	353 2
Name:		_ -		SEY o 1
Office Address:	271 West Canton Avenue, Suite	2		PH 4: 4:
	Winter Park		32789	
wing been named as re signated in this applica comply with the provis	(Cny) otance: egistered agent and to accept serv ution. I hereby accept the appoints ions of all statutes relative to the us of my position as registered age	ment as regist proper and co	ered agent and agree to ac	ed liability company at the per tin this capacity. I further
signated in this applica comply with the provis d accept the obligation	contance: egistered agent and to accept servetion, I hereby accept the appointations of all statutes relative to the servetion as registered agence. (Redistre	ment as regist proper and co mt. Sudd d agent's signature)	for the above stated limite ered agent and agree to ac implete performance of my	ed liability company at the pi et in this capacity. I further y duties, and I am familiar w
iving been named as risignated in this applicated in this application comply with the provised accept the obligation	otance: egistered agent and to accept servition, I hereby accept the appointations of all statutes relative to the is of my position as registered age	ment as regist proper and co- mt. Switch d agent's signature) who has/have	for the above stated limite ered agent and agree to ac implete performance of my	ed liability company at the plot in this capacity. I further y duties, and I am familiar w
iving been named as resignated in this application comply with the provised accept the obligation. The name, title or cap	otance: egistered agent and to accept servition, I hereby accept the appointations of all statutes relative to the is of my position as registered age (Redistriction and address of the person(s)	ment as regist proper and co- mt. Switch d agent's signature) who has/have	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are:	ed liability company at the pi et in this capacity. I further y duties, and I am familiar w
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wing been named as resignated in this applicated in this applicate omply with the provised accept the obligation. The name, title or caparite or Caparity: Member Member Jest attachments if neces attached is a certificate is diction under the laws.	ptance: egistered agent and to accept servation, I hereby accept the appoints ions of all statutes relative to the is of my position as registered agent and address of the person(s) Name and Address: Juston Trimback 3517 Retail Drive Phenix City, AL 36869 Steven W. Corbett 3517 Retail Drive Phenix City, AL 36869 ssary) e of existence, no more than 90 days of which it is organized. (If the corporation)	ment as regist proper and come and come and come and come and come agent's signature) who has/have	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are: itle or Capacity:	Name and Address: having custody of records in
The name, title or cap Title or Capacity: Member Member Attached is a certificat risdiction under the law the law the law the translator must be severed.	ptance: egistered agent and to accept servation, I hereby accept the appoints ions of all statutes relative to the is of my position as registered agent and address of the person(s) Name and Address: Juston Trimback 3517 Retail Drive Phenix City, AL 36869 Steven W. Corbett 3517 Retail Drive Phenix City, AL 36869 ssary) e of existence, no more than 90 days of which it is organized. (If the corporation)	ys old, duly at ertificate is in	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are: itle or Capacity: o), Florida Statutes. I am aw	Name and Address: having custody of records in lation of the certificate under ware that any false information

Typed or printed name of signce

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 Highland-PMG, LLC was formed in Russell County, Alabama on May 7, 2018. The Alabama Entity Identification number for this entity is 517-618. 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.

07/18/2018

Date

J. H. Merill

John H. Merrill

Secretary of State