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Recipient Information

To: Ms. Simmons Company: Florida Division of Corporations Fax #: 18502456030

Sender Information

From: Cherri Walker Company: STRADA Professional Services

Email address: cwalker@stradaps.com (from 97.78.43.50) Phone #: 2053076655

Sent on: Wednesday, September 12 2018 at 9:44 AM EDT

Our Certificate of Existence from the State of Alabama is hereby provided.

Thank you. Cherri Walker

2018 SEP 12 AH 10: 46

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: STRADA PROFESSIONAL SERVICES, 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:					
Edmond V. Watters					
Name of Person					
STRADA PROFESSIONAL SERVICES, LLC					
Firm/Company					
P.O. Box 55375					
Address					
Birmingham, Alabama 35255-5375					
City/State and Zip Code					
edmond@stradaps.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
<u>Cherri Walker</u> at (205) 307-6655					
Name of Contact Person Area Code Daytime Telephone Number					
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Begin{array} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. STRADA PROF	ESSIONAL SERVICES, LLC muted Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "L.	.C.")	
(If name unavailable, enter alternate name	ne adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limite	d Liability Company," "L.L. C," or "L.L.C,")	
2. State of Alabama (Jefferson County)		J	59-3797508	
(Jurisdiction under the law of whice	h loreign limited liability company is organized)	(FEI	number, if applicable)	
4. September 4, 2	018 (Date first transacted business in Florida, if prior to r (See sections 605 0/904 & 605,0/905, F.S. to determine	egastration)	 	
a 223 E. Virginia		D.O. Dv. E.E.D.	75	
5. 223 E. Virginia Street (Street Address of Principal Office)		6. P.O. BOX 33373 (Mailing Address)		
Tallahassee, FL 32301		Birmingham, AL 35255-5375		
7. Name and street address Name:	of Florida registered agent: (P.O. Box Allen Thompson	NOT acceptable)	5 8	
Office Address:	223 E. Virginia Street			
	Tallahassee	, Florida32	<u>301</u>	
designated in this application to comply with the provision and accept the obligations of the same and accept the obligations of the same and the same accept	istered agent and to accept service of poor, I hereby accept the appointment as ns of all statutes relative to the proper of my position as registered agent. (Registrated agent's statute and address of the person(s) who has	registered agent and agree to and complete performance of i ignature) s/have authority to manage is/ar	act in this capacity. I further agreemy duties, and I am familiar with	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Owner/CEO	Edmond V. Watters P.O. Box 55375 Birmingham, AL 35255	President	W. Scott Phillips P.O. Box 55375 Birmingham, AL 35255	
(Use attachments if necessar				
	f existence, no more than 90 days old, of which it is organized. (If the certificate omitted)			
	ed in accordance with section 605.0203 he Department of State constitutes a thin Educate V. W. Signature of	rd degree felony as provided for		
_	Edmond \	/. Watters		

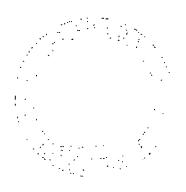
Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Morrill, Scoretary of State of Alabama, having ouctedy of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Strada Professional Services, LLC was formed in Shelby County, Alabama on October 8, 2003. The Alabama Entity Identification number for this entity is 693-857. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180821000002174

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.

08/21/2018

Date

X 24. Merill

John H. Merrill

Secretary of State