## M19000002273

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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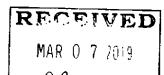


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January 2, 2019

SUSAN BURRELL 401K SAFE 3(16) LLC 302 E. MAIN ST. ALBERTVILLE, AL 35950

SUBJECT: 401K SAFE 3(16) LLC Ref. Number: W18000110500

We have received your document for 401K SAFE 3(16) LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (805) 245-6000.

Brenda L Vorisek Director

www.sunbiz.org

Letter Number: 218A00026486

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SHRI	401k Safe 3(16) LLC  JECT:						
30104		nited Liability	Company				
The en Exister	enclosed "Application by Foreign Limited Liability Companence, and check are submitted to register the above reference	y for Authoriza ed foreign limi	ation to Transact Business in Florida." Certificate of ted liability company to transact business in Florida				
Please	e return all correspondence concerning this matter to the fol	llowing:					
	Susan Burrell						
	Name	e of Person					
	401k Safe 3(16) LLC						
	Firm	Firm/Company					
	302 East Main Street						
	Address						
	Albertville, AL 35950						
	City/State	and Zip Code					
	sburrell@benefitpros.com						
	E-mail address: (to be used for	or future annua	report notification)				
For fur	urther information concerning this matter, please call:						
	Susan Burrell	601 at (	939-2902, ext 2200				
	Name of Contact Person	Area Code					
	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				
Enclos	sed is a check for the following amount:  \$\Boxed{\textbf{S}} \text{\$\$125.00 Filing Fee & Certificate of Status}\$		Filing Fee & S160.00 Filing Fee, Certificated Copy of Status & Certified Copy				

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 605 0907. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT

•	Limited Liability Company; must include	de "Limited Liability Comp	any," "L.L.C.," or "LLC.")	
name unavailable, enter alternate n	same adopted for the purpose of transacting bus	riness in Florida. The ellernate n	iame must include "Limited Liability (	Company," "L.L.C," or "LL.C.";
Alabama			824803	
(Jurisdiction under the faw of w	hich foreign limited liability company is organi	ized)	(FEI mumber, if	spplicable)
12/17/2018				
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S	a, if prior to registration.)	<del></del>	_
302 East Main Street	(and and the pasterness of the pasterness in the	y, to vecessaus persony monthly)		
(Street Address of	Principal Office)	6	(Malling Address)	
Albenville, AL 35950			•	
Allocityme, AE 31930				<del></del>
Name and street address	ss of Florida registered agent: (P	P.O. Box: NOT accent	able)	
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k	Christi M. Sala	0.0		
Name:	Critisii 11. Jai	~{>		<u> </u>
				₩.(
Office Address:	1079 PEAK RD		_	<b>5</b> 88
Office Address:			-	HASSI L
Office Address:	1019 PEAK RD LANTANIA		, Florida <u>73462</u>	HASSELFE
	LANTANIA (CIN)		, Florida <u>23462</u> (Zip code)	
egistered agent's accep aving been named as re	LANTANIA (GIN)  otance: egistered agent and to accept ser	) rvice of process for the	(Zip code) e above stated limited liab	ility company at the
egistered agent's accep aving been named as re esignated in this applica	LANTANIA  (Clay)  otance: egistered agent and to accept sention, I hereby accept the appoin	rvice of process for the nument as registered a	(Zip code) e above stated limited liab gent and agree to act in th	ility company of the pris capacity. I further
egistered agent's accep laving been named as re esignated in this applica comply with the provis	LANTANIA (GIN)  otance: egistered agent and to accept ser	rvice of process for the atment as registered a e proper and complete	(Zip code) e above stated limited liab gent and agree to act in th	ility company of the pris capacity. I further
egistered agent's accep aving been named as re esignated in this applica comply with the provis	otance: egistered agent and to accept sertion, I hereby accept the appointions of all statutes relative to this of myposition as registered as	rvice of process for the nament as registered a e proper and complete gent.	(Zip code) e above stated limited liab gent and agree to act in the c purformance of my duth	ility company of the pris capacity. I further
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ontroller	Susan Burrell				
	302 East Main Street				
	Albertville, AL 35950				
attachments if necessary)					
tached is a certificate of existence diction under the law of which it is e translator must be submitted)	e, no more than 90 days old, duly authenticated by the official having custody of records in s organized. (If the certificate is in a foreign language, a translation of the certificate under				
itted in a document to the Departi	rdance with section 605.0203 (1) (b), Florida Statutes. I am aware that any faise information ment of State constitutes a third degree felony as provided for in s.817.155, F.S.				
	Signature of an authorized person				

Typed or printed name of signee



## State of Alabama Department of Revenue

### **Certificate of Compliance**

401k Safe 3(16) LLC is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of December 12, 2018. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

IN WITNESS WHEREOF, I hereunto set my hand this date of December 12, 2018.

urtis E. Stewart

Disclosure Officer

Phone: 334-242-1189

Fax: 334-242-1030

Request Date: December 12, 2018 Request Code: 1812129342851