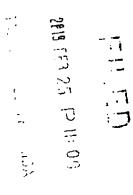
# POPSOODPIN

(Re	questor's Name)	
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### **COVER LETTER**

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TO:		ion Section of Corporations								
SUBJE	_	DER SERVICES, LL	C							,
000,1	···		Name	of Limit	ed Liability	Company				
		olication by Foreign L ck are submitted to re								
Please return all correspondence concerning this matter to the following:				28.	•					
		KRYSTLE HINTON							223	1 1
	-			Name o	f Person			(	ر <del>-</del> ٦۔	1 1
	FELDER SERVICES, LLC						· ·· —— •	C' ==	じ	
	Firm/Company							7: 12:00		
3400 BELTLINE PARK DR N						• •	مب			
	•			Ad	dress	<u> </u>				
		MOBILE, ALABAM	A 36617							
	•	-	City	/State a	nd Zip Code	<u> </u>		-		
	к	HINTON@FELDER	SERVICES.COM							
	_	E-ma	iil address: (to be u	sed for	future annua	l report n	otification)			
For furt	her inform	ation concerning this	natter, please call:							
	MARK	IIERONYMUS		at (	251	680-9				
		Name of Cont	act Person		Area Code	Da	aytime Telep	hone Number		
	Division Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314				Division Registra Clifton 2661 E:	n of Corporate ation Section Building executive Centers See, FL 3230	tions ter Circle		
	Please ma	is a check for the folloke check payable to: .00 Filing Fee		e &	\$155.00	.TE ) Filing Fi ied Copy		\$160.00 Filin of Status & C		

## 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 unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	orida. The alternate name	must include "Limited Liability	Сопралу," 📆	
ALABAMA				· -	7.
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	(applicable)	
					۰.) ا
1/1/2019				_	-:
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deten	registration)		<u></u>	5
	(See sections 605,0904 & 605,0905, F.S. to deten	nine penalty liability)			
3400 BELTLINE PAR		3400 BE	LTLINE PARK DR N	V :	20
(Street Address of I	rincipal Office)	6	(Mailing Address)		
MOBILE, AL 36617		MOBILI	E, AL 36617	<del></del>	
Name and street addres Name:	ss of Florida registered agent: (P.O. Bo KRYSTLE HINTON	x <u>NOT</u> acceptable	·)		
		x <u>NOT</u> acceptable	;)		

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registerely agent.

(Registered agent signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: **KEVIN MUSCAT** Name: \_\_ \_ \_ \_ \_ \_ Manager Manager PO BOX 70171 ■ Member Address: Address: MOBILE, ALABAMA 36670 Authorized Authorized Person Person Other\_\_\_\_ Other \_\_\_\_\_ Other\_\_\_ Other Manager Name: \_\_\_\_\_\_ Manager Member Member Address: \_\_\_\_\_ Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_ Other\_\_\_ Other \_ Manager Name: Manager | Name: Member ☐ Member Address: Address: \_ \_\_\_\_ Authorized Authorized Person Person Other\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ilgnature of an authorized person

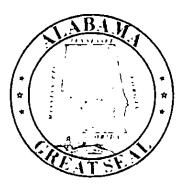
Typed or printed name of signee

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 Felder Services, LLE was formed in Mobile County, Alabama on September 15, 2006. The Alabama Entity Identification number for this entity is 484-138. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190115000006910

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.

01/15/2019

Date

X. W. Menill

John H. Merrill

Secretary of State