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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

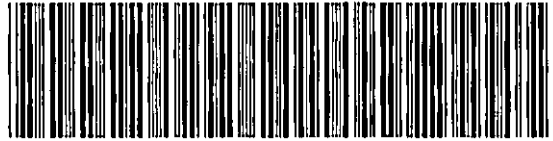
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2019

THOMAS SINCLAIR
2000 SOUTHBRIDGE PKWY, STE 601
BIRMINGHAM, AL 35209

SUBJECT: SINCLAIR LAW FIRM, LLC
Ref. Number: W19000044555

We have received your document for SINCLAIR LAW FIRM, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00009166

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SINCLAIR LAW FIRM, 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:

Thomas O. Sinclair
Name of Person

Sinclair Law Firm, LLC
Firm/Company

2000 SouthBridge Parkway, Suite 601
Address

Birmingham, AL 35209
City/State and Zip Code

tsinclair@sinclairlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudette Fowler at (205) 868-0818
Name of Contact Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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 065.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sinclair Law Firm LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alabama
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. May 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 SouthBridge Parkway, Suite 601
(Street Address of Principal Office)

6. same
(Mailing Address)

Birmingham, AL 35209

7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

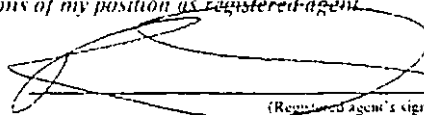
Name: Rebecca D. Giffiland

Office Address: 13 Palafox Place, Suite 200

Pensacola, Florida 32502
(City) (Zip code)

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 registered agent.


(Registered agent's signature)

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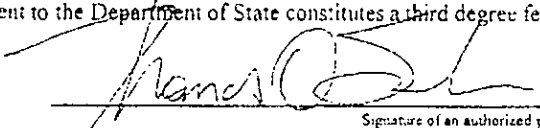
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Thomas O. Sinclair	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: Sinclair Law Firm, LLC	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	2000 SouthBridge Pkwy, Suite 601	<input type="checkbox"/> Authorized	_____
Person	Birmingham, AL 35209	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Claudette Fowler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: Sinclair Law Firm, LLC	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	2000 SouthBridge Pkwy, Suite 601	<input type="checkbox"/> Authorized	_____
Person	Birmingham, AL 35209	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Rebecca D. Gilliland	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 13 Palefox Place, Suite 200	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Pensacola, FL 32502	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other ^{Partner} _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



 Signature of an authorized person
 Thomas O. Sinclair

 Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

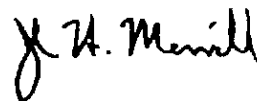
**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Sinclair Law Firm LLC was
formed in Jefferson County, Alabama on September 17, 2010. The Alabama Entity
Identification number for this entity is 301-869. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.

**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.**

04/24/2019

Date



20190424000011170

John H. Merrill

Secretary of State