

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling Name of
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W190000557116

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TILED
2019 JUN 21 PH 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

JUL 1 2019



June 11, 2019

MARCIO MARTINS 9409 CLUBHOUSE DRIVE FOLEY, AL 36535

SUBJECT: SELECT FLOORING LLC

Ref. Number: W19000055716

We have received your document for SELECT FLOORING 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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 (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 019A00011706

RECEIVED
JUN 21 2019

COVER LETTER

TO:		ation Section 1 of Corporations						
SUBJE		LECT FLOORING						
SUDUI.		Name of Limited Liability Company						
The end Existen	closed "A ce, and cl	pplication by Foreigneck are submitted t	gn Limited Liabil o register the abo	lity Company : ove referenced	for Authorizat	tion to Transact ed liability comp	Business in Florida," (pany to transact busine	Certificate of ss in Florida.
Please	return all	correspondence con	cerning this mat	ter to the follo	wing:			
		MARCIO MART	INS					
				Name	of Person			
		SELECT FLOOI	RING				SES SES	· • • • • •
				Firm/C	Company		AH.	TÌ
9409 CLUBHOUSE DRIVE						JUN 21 PRETARY AHASSE		
A				Ad	dress		PH 4: OF STA E, FLOR	Щ
		FOLEY, AL 365	35				STATE LORI	O
				City/State	ınd Zip Code	<u> </u>	DM •	
		MARIANA@SEL						
			E-mail address: (to be used for	future annual	report notificat	ion)	
For fu	rther info	rmation concerning	this matter, pleas	se call:				
	MARI	ANA SOUZA		at	251	747-1628)		
Name of Contact Person Area Code Daytime Tele					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					
	Please	sed is a check for the make check payabl 25.00 Filing Fee	e to: FLORIDA S130.00 F	DEPARTME	\$155.00	TE) Filing Fee & Yed Copy	S160.00 Filing of Status & Cert	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SELECT FLOORING	LLC						
(Name of Foreign I	Limited Liability Company; must include "Limit	ed Liability Com	ipany," "L.L.C.," or "L.L.C.")				
SELECT FLOOR	AING OF ALABAMA	LLC.					
(if name unavailable, enter alternate na	nme adopted for the purpose of transacting business in F	orida. The alternate	name must include "Limited Liab	ohty Company," "L.L.C.	or "L.E.C.)		
ALABAMA	27-1244612						
2. (Jurisdiction under the law of wh	3. (FEI number, if applicable)						
NOT TRANSACTED							
+	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter-	o registration) nine penalty liabilit	y)				
9409 CLUBHOUSE			PO BOX 602				
5. (Street Address of F	Principal Office)	o	(Mailing Addr	(055)			
FOLEY, AL 36535		GU	LF SHORES, AL 365	<u></u>			
				CRETAL AHAS	T		
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	ptable)	PH 4: Of STAI :. flore	ED		
Name:	MARCIO MARTINS			ATE RIDA			
Office Address:	9133 W HWY 98						
O.,,,,,	PENSACOLA, FL		32506 , Florida				
	(City)	_	(Zip coo	ie)			

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.

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]:

Manager Name: ROBERTO LISBOA Manager Name:	•			
Member Address: 9409 CLUBHOUSE DR Member Address: 9409 CLUBHOUSE DRIVE				Name: MARIANA SOUZA
Other	Member	Address:	_	Address:
Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Manager Name: Ma				_
Person Person Other Other Manager Name Member Address: Authorized Authorized Person Person	Member	22418 BEAVER CREEK LAN Address: ORANGE BEACH, AL 36561	Member	Address: 7
Member Address: Member Address: Authorized Person Flothers	Person			ASSET OT THE PARTY OF THE PARTY
Person Person — — — — — — — — — — — — — — — — — — —	Manager	Name:		
Person Person Flother	Member	Address:	_	Address:
	Person		Person	

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

Marcio Martin 5

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 Select Flooring, LLC was formed in Baldwin County, Alabama on November 4, 2009. The Alabama Entity Identification number for this entity is 439-995. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
2019 JUN 21 PM 4: 16
SECRETARY OF STATE



20190528000011582

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.

05/28/2019

Date

X 2. Menill

John H. Merrill

Secretary of State