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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

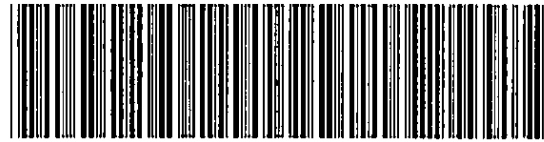
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL 22 PM 4:34
TALLAHASSEE, FL

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JUL 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2019

SHANNON WOMACK
695 WATERFORD WAY
ASHFORD, AL 36312

SUBJECT: HOLLOW OAK RESTORATIONS, LLC
Ref. Number: W19000060502

We have received your document for HOLLOW OAK RESTORATIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00013107

Please find document enclosed.

RECEIVED
JUL 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hollow Oak Restorations, 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:

Shannon Womack
Name of Person

Hollow Oak Restorations, LLC
Firm/Company

695 Waterford Way
Address

Ashford, AL 36312
City/State and Zip Code

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

For further information concerning this matter, please call:

Shannon Womack at (334) 701-1278
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hollow Oak Restorations 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. Section 10A-5A-2.01 of the Code 3. 83-3391156
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
use Alabama 1975

4. error
n/a 3-18-19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 695 Winterford Way 6. Same
(Street Address of Principal Office) (Mailing Address)
Ashford, AL 36312

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

Name: G.S. Woodard

Office Address: 2640 Tacito Tr.

Jacksonville, Florida 32223
(City) (Zip code)

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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.

[Signature]
(Registered agent's 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:

Manager Name: Tammy Womack

Member Address: 666 Ben Ivy Rd

Authorized Webb, AL 36376

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Shannon Womack

Member Address: 695 Waterford Way

Authorized Ashford, AL 36312

Person _____

Other _____ Other _____

Manager Name: Jimmy Womack

Member Address: 645 Ben Ivy Rd.

Authorized Webb, AL 36376

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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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.

Shannon Womack
 Signature of an authorized person

Shannon Womack
 Typed or printed name of signer

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the 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 HOLLOW OAK RESTORATIONS LLC was formed in Houston County, Alabama on January 29, 2019. The Alabama Entity Identification number for this entity is 541-238. 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.



Date July 11, 2019

John H. Merrill Secretary of State