MACERAN

(Re	questor's Name)	
, (Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TALLAHASSEE FIASSINA





Penny Nuckles
Paralegal
256.512.5714
Email: pnuckles@maynardcooper.com

September 19, 2019

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company for Authorization to

Transact Business in Florida

Breland Homes at the Meadows, LLC

Dear Sir or Madam:

Enclosed please find the original and two (2) copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Breland Homes at The Meadows, LLC, together with our firm check in the amount of \$155.00 (for the filing fee and certified copy) payable to the Florida Department of State as well as a self-addressed, stamped return envelope for return of a file-stamped copy to our office. As set forth in the Application, also enclosed is the certified Certificate of Existence / Good Standing for Breland Homes at The Meadows, LLC received from Delaware.

Thank you in advance for your assistance in this matter. If you have any questions regarding the enclosed documents, please feel free to call me at (256) 512-5714.

Sincerely:

Penny Nuckles

Paralegal

/pln Enclosures

COVER LETTER

TO:

O:	Registration Section Division of Corporations	
JBJF	Breland Homes at The Meadows, LLC	
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce e, and check are submitted to register the above referenced foreign limited liability company to transact business	
ease	eturn all correspondence concerning this matter to the following:	
	Michael P. Johnson	
	Name of Person	
	Maynard Cooper & Gale, P.C. Firm/Company	
	Firm/Company	
	655 Gallatin Street SW	
	Address	
	Huntsville, Alabama 35801	
	City/State and Zip Code	
	mjohnson@maynardcooper.com	
	E-mail address: (to be used for future annual report notification)	
r fur	ner information concerning this matter, please call:	
	Penny Nuckles 256 512-5714 at ()	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigsim S130.00 Filing Fee & B155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certificate Status Certified Copy of Status & Certificate Status & Certi	



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATIC IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Breland Flomes at The N	feadows, LLC mitted Liability Company; must include "Limi	cod Loubális	Command I Comment Com			
	traine of Foreign C	inited flating Company, and mence flatin	ico maciony	Conquity, This is to be force of			
(II)	name unavailable, enter alternate nan	ic adopted for the purpose of transacting business in E	bunta Ih al	ternate name must include "I mmed Liab	hty Company	," "I. I. C."	or "III
า	Delaware		3.	rFEI mambe			
	(Jurisdiction under the faw of which	h foreign limited liability company is organized)		rFEI insube	rr. it applicab	le)	
4.							
4,		(Date first transacted business in Florida, if prior ((See sections 605 0904 & 605 0905, F.S. to deter	o registration mine penalty) hatelity)			
_	2101 Clinton Avenue, Suite 201 (Slicer Address of Principal Office)		6,	2101 Clinton Avenue, Suite			
٠.			0,	(Mailing Addr.	rsst		
	Huntsville, Alabama 35	801		Huntsville, Alabama 35801	1×1	[i]	
					2.1 2.1	S.C	
					55. - 53.	~∪ <u>1∑</u>	
7	Name and creat address	of Florida registered agent; (P.O. Bo	n NOT :	accentable)	(C)	0 P	
7.	Name and <u>suject address</u>	Withorton registered agents 37 sys. ix	<u>1787 -</u>	,	<u> </u>	PH II II	
	Name:	Todd McCrory		<u> </u>	ELFLORIDA	<u>.</u> - 3	
	Office Address:	41 North Jefferson Street 50	ife	167			
		Pensacola		, Florida 32502			
		(City)		(Zip code	e)		

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)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Louis Breland	Manager	Name: Wesley Alford
Member	Address: 2101 Clinton Avenue	Member	Address: 2101 Clinton Avenue
Authorized	Suite 201	Authorized	Suite 201
Person	Huntsville, Alabama 35801	Person	Huntsville, Alabama 35801
Other	Other	Other	Other
Manager	Name: Chad Pulliam	☐ Manager	Name:
Member	Address: 2101 Clinton Avenue	■ Member	Address: 41 North Jefferson Street
Authorized	Suite 201	☐ Authorized	Suite 107.
Person	Huntsville, Alabama 35801	Person	Pensacola, Florida 32502
Other	Other	Other	
Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
ndexed individuals Or Attached is a cert urisdiction under the translator must be the tran	se an attachment to report more than six (6). may be added to the index when filing your F ificate of existence, no more than 90 days old e law of which it is organized. (If the certificate be submitted) s executed in accordance with section (05.020 nent to the Department of Standonstriutes a time of the section of the section (15.020 nent to the Department of Standonstriutes a time of the section of the section (15.020 nent to the Department of Standonstriutes a time of the section of the secti	Florida Department of State duly authenticated by the ate is in a foreign language. (1) (b), Florida Statutes.	Annual Report form. official having custody of records in a translation of the certificate under I am aware that any false information

Typed or printed name of signee



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRELAND HOMES AT THE MEADOWS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2019.

TALLER SAFE PASSA

Authentication: 203586746

Date: 09-12-19

7581910 8300 SR# 20197011851