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COVER LETTER

TO:

Registration Section

Div	ision of Corporations						
SUBJECT:	Fairway NP Manager,	LLC					
		Name of I	Limited Liability	Company			
The enclosed Existence, an	d "Application by Foreig nd check are submitted to	n Limited Liability Comp o register the above refere	any for Authori; aced foreign lim	zation to Transact Business in Fl ited liability company to transac	orida," C t busine:	Certifica ss in Flo	ite of orida.
Please return	all correspondence con-	cerning this matter to the	following:				
	Emily Kirkpatrick						
		Na	ime of Person				
	DonovanFingar, L	LC					
		Fit	m/Company				
	813 Shades Creek	Parkway, Suite 200					
			Address	·			
	Birmingham, AL 3	5209			<u>⇔</u> ,	2019	
	City/State and Zip Code					8	
	emily@donovanting	ar.com			42.42	2019 SEP 24	
	E	-mail address: (to be used	for future annua	l report notification)		P	""
For further in	formation concerning th	is matter, please call:			125 150 150	∑	•
Emi	ily Kirkpatrick		205 at (414-1234	á	2:14	
	Name of Co	ontact Person	Area Code	Daytime Telephone Num	 iher		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, F1, 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Pleas	_	ollowing amount: o: FLORIDA DEPART) s130.00 Filing Fee & Certificate of State	\$155.00	TE Filing Fee & S160.00 Feed Copy of Status &			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(FEI number, it a libility) Same (Mailing Address)	applicable)	2119 SE
(FEI number, it a ibility) Same	applicable)	S2
Same		2 19 S
Same	To will be seen to be	2 119 S
		2 119 Si
(Mailing Address)	1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	S
		בם בנו
	- 550 - 550	13 TZ
ceptable)		5
33324 Florida		
(Zip code)	_	
	. Florida 33324 (Zip code) or the above stated limited liah ed agent and agree to act in the	r the above stated limited liability companed agent and agree to act in this capacity, plete performance of my duties, and I am

(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: Title or Capacity: Name and Address: The Thompson Development Manager Name: Company, Inc. ☐ Manager Name: _____ 728 Shades Creek Parkway Member Member | Address: Suite 210 □ Authorized Authorized Birmingham, AL 35209 Person Person Other____ Other Other Other Manager Name: _____ Manager Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other____ Other____ Other___ Name: _____ Manager Manager Name: Member Address: ____ ☐ Member Address: ☐ Authorized Authorized Person Person 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.

Other

Other

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.

e offan authorized person

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 Fairway NP Manager, LLC was formed in Jefferson County, Alabama on August 30, 2019. The Alabama Entity Identification number for this entity is 586-278. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190920000047344

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.

09/20/2019

Date

J. W. Menill

John H. Merrill

Secretary of State