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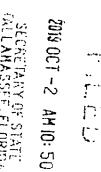
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## COVER LETTER

	vision of Corporation						
SUBJECT:	Siegel Retreat, LLC			·			
		Name of Lin	nited Liability	Company			
				ation to Transact Business in Flo ted liability company to transac			
Please retur	n all correspondence co	oncerning this matter to the fol	lowing:				
	Gregory Brocky	vell					
	<del></del>	Nam	e of Person				
	Brockwell Smith	h LLC					
	Firm/Company						
	2100 1st Avenue North, Suite 300						
		A	ddress	·	<del></del>		
	Birmingham, AL 35209				; ; ;	23	
	City/State and Zip Code					ZD13 O	
	greg@brockwells	mith.com				$\Box$	
	<del></del>	E-mail address: (to be used for	r future annua	report notification)		Ń	[ []
For further	information concerning	this matter, please call:		·	E FIS	AK 10:	11
Gı	regory Brockwell		205 at (	800-8505		0: 50	
	Name of	Contact Person	Area Code	Daytime Telephone Nurr	iber	۲	
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				
	closed is a check for the	e following amount: le to: FLORIDA DEPARTM	ENT OF STA	TE .			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 F	iling Fee, ( & Certified		ite

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

IN COMPLANCE WITH SECTION ON DOOR FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREKTY. UNITED DARBITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL Siegel Retreat, LLC (Name of Foreign Limited Lubility Company; must include "Limited Lubility Company," "L.L.C.," or "LLC.") Flock of Siegels, LLC (If name unavailable, enter alternate more adopted for the purpose of transacting beniness in Florida. The alternate mosts must include "Livested Labelity Company," "L.L.C," or "LLC" 2907 Central Avenue, Suite 105 2907 Central Avenue, Suite 105 (Makey Address) (Street Address of Procupal (Utice) Homewood, AL 35209 Homewood, At. 35209 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Alan Ridge Name: 1325 River Oaks Road Office Address: Jacksonville 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.

RE

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity; William N. Siegel David T. Siegel Manager Manager Manager Name: Address: 1707 Shades Park Dr. 222 E. Edgewood Dr. ■ Member Member Address: Homewood, AL 35209 Homewood, AL 35209 Authorized ☐ Authorized Person Person Other\_\_\_\_ Other Other Other Name: \_\_\_\_\_ Manager Name: Address: \_\_\_\_ Member ☐ Authorized Authorized Person Person Other 3 Other\_\_\_\_ Other\_ Other\_ Manager ■ Manager Name: Member Address: Address: \_ ☐ Authorized \_\_\_Authorized Person Person Other\_\_\_ Other 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, 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. and TSiegel member
Signature of an authorized person David T. Siegel

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 Siegel Retreat, LLC was formed in Jefferson County, Alabama on September 24, 2019. The Alabama Entity Identification number for this entity is 588-458. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

09/27/2019

Date

J. W. Menill

John H. Merrill

Secretary of State