

NA000010338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

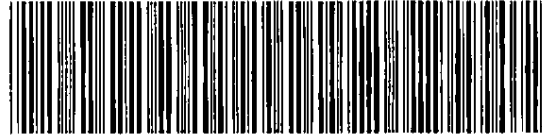
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300336190473

10/25/19--01004--017 **125.00

RECEIVED

2018 OCT 25 PM 12:20

TALLAHASSEE, FLORIDA

FILED

2019 OCT 25 PM 4:50

TALLAHASSEE, FLORIDA

Y SCOTT

OCT 28 2019



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Simpson South, LLC.

Signature _____

Requested by: Seth

10/24/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- FILED
2019 OCT 25 PM 4:50
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT
- ____ Art of Inc. File _____
 - ____ LTD Partnership File _____
 - ____ Foreign Corp. File _____
 - ____ L.C. File _____
 - ____ Fictitious Name File _____
 - ____ Trade/Service Mark _____
 - ____ Merger File _____
 - ____ Art. of Amend. File _____
 - ____ RA Resignation _____
 - ____ Dissolution / Withdrawal _____
 - ____ Annual Report / Reinstatement _____
 - ____ Cert. Copy _____
 - ____ Photo Copy _____
 - ____ Certificate of Good Standing _____
 - ____ Certificate of Status _____
 - ____ Certificate of Fictitious Name _____
 - ____ Corp Record Search _____
 - ____ Officer Search _____
 - ____ Fictitious Search _____
 - ____ Fictitious Owner Search _____
 - ____ Vehicle Search _____
 - ____ Driving Record _____
 - ____ UCC 1 or 3 File _____
 - ____ UCC 11 Search _____
 - ____ UCC 11 Retrieval _____
 - ____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simpson South, 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:

Benjamin S. Armstrong

Name of Person

Armstrong and Jordan, P.C.

Firm/Company

P.O. Box 1847

Address

Dothan, Alabama 36302

City/State and Zip Code

ben@armstrong-jordan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin S. Armstrong

334

793-2629

Name of Contact Person

at ()

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

FILED
2019 OCT 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Simpson South, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Alabama 3. 83-1585653
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3404 Brookside Drive 6. _____
(Street Address of Principal Office) (Mailing Address)

Dothan, Alabama 36303

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

Name: Nathan G. Nolin

Office Address: 5407 Cotton Street

Graceville 32440
(City) , Florida (Zip code)

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.

Nathan G. Nolin
(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: Patti Simpson
☒ Member Address: 3404 Brookside Drive
☒ Authorized Dothan, Alabama 36303
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Patti Simpson
☒ Member Address: 205 Blumberg Dr.
☒ Authorized Dothan, AL 36303
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

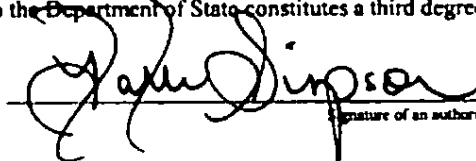
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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

Patti Simpson

Typed or printed name of signer

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 SIMPSON SOUTH, LLC was formed in Houston County, Alabama on October 30, 2012. The Alabama Entity Identification number for this entity is 269-227. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
2019 OCT 25 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20191025000008832

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.

10/25/2019

Date

J. H. Merrill

John H. Merrill

Secretary of State