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T. LEWIEUX

COVER LETTER

TO: Registration Section Division of Corporations

ottonside Const uction SUBJECT: 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:

Michael Ryan Pierce		
Name of Person		
Cottonside Construction LLC		
Firm/Company		
1211 W Main Street		
Address		
Dothan, AL 36301 City/State and Zip Code		
<u>E-mail address: (to be used for future annual report notification)</u>		

For further information concerning this matter, please call:

Michael ce at (Name of Contact Person 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

S130.00 Filing Fee & Certificate of Status S155.00 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:



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



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.

istered a it'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:
Manager	Name: Michael Ryan Pierce	Manager	Name:
Member	Address: 108 Prestwick Dr.	Member	Address:
Authorized	Dothan, AL 36305	Authorized	
Person	<u> </u>	Person	
Other	Other	Other	Other
Manager	Name:	🗌 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	·····
Person		Person	- <u></u>
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 Michae rce Typed or printed name of

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616



CORF 159 690

(For County Probate Office Use Only)

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the <u>Code of Alabama 1975</u> this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be

located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 for standard filing (based on date of receipt and volume) or \$200.00 for expedited service (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at <u>www.sos.alabama.gov</u> under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

- The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with <u>Code of Alabama</u>, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations): Cottonside Construction, LLC
- 2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with Item 1 above [proves name reservation under 10A-1-4.02(f)].

This form was prepared by: (type name and full address)	(For SOS Office Use Only)
LaDonna B. Spivey Attorney at Law Post Office Box 1066 Ozark, Alabama 36361	
LLC Cert of Formation - 3/2015 Page 1 of 2	

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

3. The name of the Registered Agent located at the Registered Office (only one agent):

Michael R. Pierce

Street (No PO_Boxes) address of Registered Office (must be located in Alabama):

1211 West Main Street - Dolhan, Alabama 36301.

Mailing address in Alabama of Registered Office (if different from street address):

- 4. The undersigned certify that there is at least one member of the limited liability company.
- 5. Check only if the type applies to the Limited Liability Company being formed:

✓ Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify // as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be _____ OAM OPM (cannot be noon or midnight - 12:00)

 \checkmark Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

12 1912019 Date (MM/DD/YYYY)

Signature as required by TOA-SA-2.04

Michael R. Pierce Typed Name of Above Signature

Typed Utle (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

LLC Cert of Formation - 3/2015

CORP 159 692

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

100%

Names and Addresses of Members for the LLC:

Michael R. Pierce

1211 West Main Street Dothan, Alabama 36301

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Recording Fee 63.00 TOTAL 63.00

