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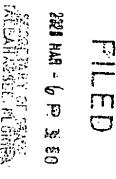
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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•	COVER LETTER ;	
	gistration Section vision of Corporations	
SUBJECT:	MARK SHELDON REAL ESTATE, LLC	3.
	Name of Limited Liability Company	
The enclosed Existence, an	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certind check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida.
Please return	n all correspondence concerning this matter to the following:	
	J. COLE DAVIS, ESQ.	
	Name of Person	
	HAND ARENDALL HARRISON SALE, LLC	
	Firm/Company	
	304 MAGNOLIA AVENUE	
	Address	
	PANAMA CITY, FL 32401	
	City/State and Zip Code	
	melark@handfirm.com	
	E-mail address: (to be used for future annual report notification)	
For further in	nformation concerning this matter, please call:	
Cole	le Davis 850 769-3434	
	Name of Contact Person Area Code Daytime Telephone Number	
MA	AILING ADDRESS: STREET ADDRESS:	

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

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

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:

	n Limited Liability Company, must include "Limite	d Liability Comp	atoy," "L.L.C.," or "LLC.")		_
ame unavailable, cuter alternate	name adopted for the purpose of transacting business in Flo	ends. The alternate of	ame must include "Limited Liability	y Company," "L.L.C," or "L	IC.7
ALABAMA			187294		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number,	if applicable)	_
-	(Dute first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)			
				_	
104 TWILIGHT BAY DRIVE		104 T 6.	WILIGHT BAY DRIVI		
(Street Address of	Principal Office)	v	(Mailing Address)	_
					_
PANAMA CITY BEA	CH FI 32407	DAN	AMA CITY BEACH, FL	32407	
					_
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accept	able)		
Name:	MARK SHELDON		-	WE HA	-T
Name: Office Address:	MARK SHELDON 16901 PANAMA CITY BEACH PKW	/Y 2ND FLR	-		
		/Y 2ND FLR	- - 32413 , Florida	ANY OF CHE	
	16901 PANAMA CITY BEACH PKW	/Y 2ND FLR	324!3 _, Florida (Zip code)		

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: Name and Address: Title or Capacity: Title or Capacity: Name: Jessica Sheldon Name: Mark Sheldon ■ Manager Manager 104 Twilight Bay Drive 104 Twilight Bay Drive Member ■ Member Panama City Beach, FL 32407 Panama City Beach, FL 32407 Authorized Authorized Person Person Other____ Other Other Other Manager Name: Manager Name: _____ ■ Member Member Address: Address: Authorized Authorized Person Person Other____ Other Other_ Other_ ☐ Manager Name: Manager Address: Address: Member ■ Member ☐ 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. Signature of an authorized person Mark Sheldon

Typed or promed came 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 Mark Sheldon Real Estate, LLC was formed in Coffee County, Alabama on October 22, 2009. The Alabama Entity Identification number for this entity is 439-394. 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.

12/10/2019

Date

J. H. Menill

John H. Merrill

Secretary of State