

N20000003519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

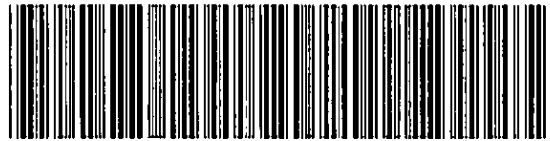
(Document Number)

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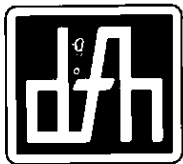
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T GLASS

APR 08 2020



DOMINICK • FELD • HYDE, P.C.

1130 22nd Street South • Ridge Park, Suite 4000 • Birmingham, AL 35205
Phone: 205.536.8888 • Fax: 205.271.9696 • Web: www.dfhlaw.com

Kay O. Wilburn

Telephone: 205.397.3719

E-mail: kwilburn@dfhlaw.com

April 1, 2020

Tacarri K. Glass
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Seagrove Properties, LLC
Golden Family Properties Two, LLC
Lakewood Dunes, LLC
Lakewood Dunes Two, LLC
Scenic Gulf, LLC

Dear Tacarri:

As requested in your letters of March 17, 2020, enclosed are Certificates of Good Standing for each of the above referenced LLCs. I have also enclosed an Alternate Name document for Seagrove Properties, LLC, which was not included with our initial filing for that LLC.

If there are any questions, or any further information is needed, please do not hesitate to contact me.

Very truly yours,

Kay O. Wilburn
FOR THE FIRM

KOW/akh
Enclosures

RECEIVED
APR 03 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seagrove Properties, 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:

Kay O. Wilburn, Esq.

Name of Person

Dominick Feld Hyde, P.C.

Firm/Company

1130 22nd Street South, Suite 4000

Address

Birmingham, AL 35205

City/State and Zip Code

monterie@cableone.net

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

For further information concerning this matter, please call:

Kay O. Wilburn

205
at ()

536-8888

Name of Contact Person

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

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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. Seagrove Properties, LLC

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

Seagrove Center Properties, LLC

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

2. Alabama

(Jurisdiction under the law of which foreign limited liability company is organized)

84-3218973

3.

(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. 4814 Laurel Trace

(Street Address of Principal Office)

6.

4814 Laurel Trace

(Mailing Address)

Anniston, AL 36207

Anniston, AL 36207

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

Name:

Watson Sewell, PL

Office Address:

5410 E. Co. Hwy. 30-A, Suite 201

Seagrove Beach

(City)

, Florida

32459

(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.

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Monterie B. Lee</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4814 Laurel Trace</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Anniston, AL 36207</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Monterie B. Lee
Signature of an authorized person

Monterie B. Lee, Manager

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 Seagrove Properties, LLC was
formed in Calhoun County, Alabama on July 11, 2019. The Alabama Entity
Identification number for this entity is 580-857. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.



20200331000017112

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.

03/31/2020

Date

A handwritten signature in cursive script, reading 'J. H. Merrill'.

John H. Merrill

Secretary of State