

W20000005032

(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:

W20000051855  
00524 00643  
W20000042325  
00643

Office Use Only



900343724839

04/26/21--07:14--001 \*\*250.00

STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2020 APR 28 AM 8:23

2020 APR -2 PM 3:53

SPF  
4/8/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WITH THE TIDE 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:

Frances C. Lowe, Esq.

\_\_\_\_\_  
Name of Person

Frances Casey Lowe, P.A.

\_\_\_\_\_  
Firm/Company

68-A Feli Way

\_\_\_\_\_  
Address

Crawfordville, Florida 32327

\_\_\_\_\_  
City/State and Zip Code

francie@francelowe.com

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

For further information concerning this matter, please call:

Michelle Maloni

850

916-8245

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2007-11-27 11:03 AM

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

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. 910 Liberty Road  
(Street Address of Principal Office)

6. P.O. Box 307  
(Mailing Address)

Millport, AL 35576

Millport, AL 35586

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

Name: Frances C. Lowe

Office Address: 68-A Feli Way

Crawfordville, Florida 32327  
(City) (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)

2020-01-22 11:31:53

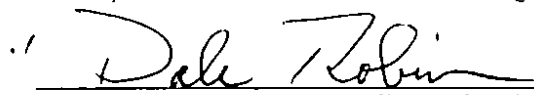
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Dale Robinson	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 910 Liberty Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Millport, AL 35576	<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.

  
\_\_\_\_\_  
Signature of an authorized person

Dale Robinson

\_\_\_\_\_  
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 With the Tide LLC was formed  
in Lamar County, Alabama on June 6, 2019. The Alabama Entity Identification  
number for this entity is 577-716. I further certify that the records do not disclose  
that said entity has been dissolved, cancelled or terminated.



20200602000026168

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.

06/02/2020

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State

2020 JUN 2 PM 3:53

I hereby certify that the instrument was filed for Record in my

BOOK 2 PAGE 896

office on the 6th day of June 2019

at 4:00 o'clock PM and was recorded in

Book No. 2 of 44 on page 896-897

Recording Fee	500	Mtg. Tax		Deed Tax
---------------	-----	----------	--	----------

Mineral Tax                      Total Fees 50.00

Charm A. Nethery

# CERTIFICATE OF FORMATION

**OF**

**WITH THE TIDE LLC**

TO THE HONORABLE JUDGE OF PROBATE OF LAMAR COUNTY, ALABAMA:

The undersigned, for the purpose of forming a limited liability company pursuant to the provisions of the Alabama Limited Liability Law of 2014, CODE OF ALABAMA, §10A-5A-1.01 et. Seq. (the "Law"), files this Certificate of Formation ("Certificate").

1. **NAME.** The name of the limited liability company being organized and formed pursuant to this Certificate (the "Company") is:

### With the Tide LLC

2. **INITIAL REGISTERED OFFICE AND AGENT.** The location and mailing address of the initial registered office of the Company and the name of its initial registered agent at that address is:

Dale Robinson  
910 Liberty Road  
Millport, AL 35576

3. ORGANIZER. The name and mailing address of the person who is acting as the organizer of the Company is:

Dale Robinson  
P.O. Box 307  
Millport, AL 35586

4. **MEMBERS.** There is at least one member of the Company.

5. **SERIES OF ASSETS.** The Company may have one or more series of assets subject to the limitations provided in §10A-5A-11.02(a).


IN WITNESS OF THIS CERTIFICATE, the undersigned acting solely as the organizer of the Company under authority of the law and not as a member of the Company or in any other capacity, has executed this Certificate on the 6<sup>th</sup> day of June, 2019.

Alabama	
Sec. Of State	
New Entity	DSL
577-716	6/10/2015
Date	11:45
Time	2 pg
190610	
File	\$100.00
AcKn	\$ .00
Exp	\$ .00
Total	\$100.00
05/043	

RECEIVED DATE

JUN 10 2019

SECRETARY OF STATE  
OF ALABAMA

  
Organizer



*Frances Casey Lowe, P.A.*

---

June 2, 2020  
VIA HAND DELIVERY

Florida Department of State  
Division of Corporation  
Attn: Sharon D. Franklin  
P.O. Box 6327  
Tallahassee, FL 32314

Re: With The Tide, LLC  
Reference No. W20000051855

REC  
6/2/20

Ms. Franklin:

Please find enclosed with this letter the Certificate of Existence for With the Tide, LLC, requested in your letter dated May 27, 2020, which has also been attached for your reference.

If you should need anything further, please let me know.

Sincerely,

*Frances C. Lowe*  
Frances C. Lowe

Enclosure(s)

2020 JUN -2 AM 3:53