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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

. Email Address:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Foreign Limited Liability Company BAREFOOT COTTAGES II, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

ZECDETARY OF STATE

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JT 2 2 2020

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;

Barefoot Cottages II, LI	I.C				
(Name of Foreign	Limited Liability Company, must include "Limite	xd Liability Cor	npany," "L.L.C.," or "L	LC.")	
(if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorids. The sitem	iate name must include "Li	mited Liability Company," "L.L.C	." ot "[.LC.")
Alabama 2	nich foreign limited liability company is organized)	3		El number, if applicable)	
(Jurisdiction under the law of wi	iich foreign limited lability company is organized)		(1)	ni mimber, ii sppiicabie)	
4	(Date first transacted business in Florids, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration.) nine penalty liabil	iiry)		
6045 Southern Industrial Drive., STE 200 5. (Street Address of Principal Office)		60 <u>4</u>	6045 Southern Industrial Drive., STE 200 (Mailing Address)		
Birmingham, AL 3523		Bir	mingham, AL 352	235	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	× <u>NOT</u> acco	eptable)	TALL SEG	
Name:	Capitol Corporate Services, Inc.		_	ZIET OCT 21 SECRETARY ALL AHASSE	FIL
Office Address:	515 East Park Ave., 2nd FL			PH S	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Tallahassee		3230 , Florida	12: 23 674 F	Ú
	(Ctty)		(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)						
Kim Tadlock	of Capitol Corporate Services, Inc.					
W. Z W C	Kim Tadlock, Asst. Sec. on behalf					

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: Michael McDowell ☐ Manager Name: □Manager Name: 6045 Southern Industrial Dr Address: ■ Member □ Member Address: Stc 200 □ Authorized □ Authorized Birmingham, AL 35235 Person Person Other ☐Other_____ □Other_____ Other___ ☐ Manager Name: □Manager Name: ☐ Member Address: Address: ☐ Mcmber □ Authorized ☐ Authorized Person Person □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. 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. ann Thomas

Signature of an authorized person

Typed or printed name of signee

Aaron B. Thomas

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 Barefoot Cottages II, LLC was formed in Jefferson County, Alabama on October 8, 2020. The Alabama Entity Identification number for this entity is 770-095. 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.

10/21/2020

Date

X.W. Murill

John H. Merrill

Secretary of State