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COVER LETTER

ne enclosed "Application by Foreign Limited Liabi	Name of Limited Liability Company lity Company for Authorization to Transact Business in Florida," ove referenced foreign limited liability company to transact busine			
distence, and check are submitted to register the ab				
ease return all correspondence concerning this mat	, , ,			
	ter to the following:			
M. WARREN BUTLER				
	Name of Person			
STARNES DAVIS FLORIE, LLP				
	Firm/Company			
PO BOX 1548				
	Address			
MOBILE, AL 36633				
	City/State and Zip Code			
sonny@brickhome.net				
E-mail address: (i	o be used for future annual report notification)	~ s :: :		
r further information concerning this matter, please	e call:			
Vaughan S. Luker	251 445-4717			
Name of Contact Person	Area Code Daytime Telephone Number	-		
Mailing Address:	Street Address:	-		
Registration Section	Registration Section	£.		
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallanassee, FL 32314	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amour Please make check payable to: FLORIDA I				

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 TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cote Realty, LLC	Limited Liability Company; must include "Limite	d Liability Company	.""[, L.C ," or "LLC.")		
Cote Realty of Florida, L					
f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. I lie alternate nai	ne must include "Limited Liability Co	ompany," "L.L.C," or "LLC	
Alabama		2			
Durisdiction under the law of which foreign binged habitity company is organized)		J	(FEI number, if appl	nber, if applicable)	
·	(Date first transacted business in Florida, if prior to (See sections 605 0901), g-605 0905, F.S. to determine	registration.) ne penalty liability)			
2212 Main Street		6. (Nailing Address)			
reet Address of Principal Office)		(Mail	ling Address)		
Daphne, At. 36532		Daphne,	AL 36532		
		-		- •	
	······································				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	e)		
				1	
Name:	Jay Fraiser			٠ ٦	
				,	
Office Address:	127 Palafox Place, Suite 200				
	Pensacola		32502 Florida	•	
	(Cay)	, , ¹	(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): Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Webb Self Radcliff Name: Robert Herndon Radcliff, IV **■**Manager □Manager Address: 2212 Main Street Address: 2212 Main Street □ Member **■**Member Daphne, AL 36526 Daphne, Al. 36526 □ Authorized [] Authorized Person Person Other □Other_____ DOther____ Other___ Name: Webb Hutchings Radeliff Name: □Manager □Manager Address. 2212 Main Street **■**Member Address: _____ ☐ Member Daphne, Al., 36526 □ Authorized □Authorized Person Person Other____ ☐Other____ Other ⊞Other___ . . □Manager Name: Name: ____ □Manager □ Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □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 Robert Herndon Radcliff, IV

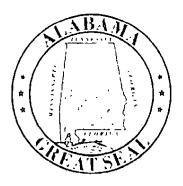
Typed or printed name of signee

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 Cote Realty, LLC was formed in Baldwin County, Alabama on December 2, 2020. The Alabama Entity Identification number for this entity is 823-178. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20201209000008730

In Testimony Whereof, I have hereunto set my mand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/09/2020

Date

X. M. Menill

John H. Merrill

Secretary of State