

MA210000000389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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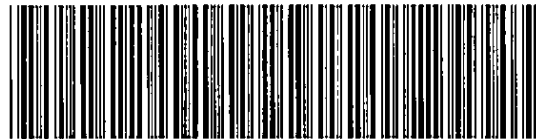
(Business Entity Name)

(Document Number)

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45
1/11/21 ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Resource Ventures, 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:

A. Clay Milton, Esq.

Name of Person

Fuqua & Milton, P.A.

Firm/Company

Post Office Box 1508 / 4450 Lafayette Street (32446)

Address

Marianna, Florida 32447

City/State and Zip Code

sbrackin@lbfjlaw.com

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

For further information concerning this matter, please call:

A. Clay Milton

850

526-2263

Name of Contact Person

at ()

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

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TALLAHASSEE, FL

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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. Alpha Resource Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 85-0525636
(FEI number, if applicable)

4. Janaury 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7797 E. State Hwy 52 East
(Street Address of Principal Office)

6. Post Office Box 149
(Mailing Address)

Webb, AL 36376 Webb, AL 36376

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


Name: DDCU, LLC

Office Address: 4226 Highway 231 North

Marianna, Florida 32446
(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)

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:**

☒ Manager Name: John E. Downs
☐ Member Address: 812 N. Shady Lane
☐ Authorized Dothan, AL 36303
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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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.

John E. Downs

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 Alpha Resource Ventures, LLC was formed in Houston County, Alabama on March 25, 2020. The Alabama Entity Identification number for this entity is 626-835. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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TALLAHASSEE, FL



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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.

11/24/2020

Date

J. H. Merrill

John H. Merrill

Secretary of State