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(Requestor's Name)
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### **COVER LETTER**

JBJECT:	Nam	e of Limited Liability Company	r
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.	
ease return all correspon	dence concerning this matter t	o the following:	
SHANN	ON L WIDMAN		
		Name of Person	
PORAT	TI & ASSOCIATES, P.A.		
		Firm/Company	
РО ВО?	X 2029		
		Address	
SANTA	ROSA BEACH, FL 32459		
	C	City/State and Zip Code	
SHANNO	N@PORATHLAW.COM		
-	E-mail address: (to be	e used for future annual report notification)	
or further information co	ncerning this matter, please ca	n:	· · ·
SHANNON I. WIDMAN		850 622-0102	1
<del></del>	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	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. J & S COUNTRY STO	RE, L.L.C. Limited Liability Company: must include "Limited	Liability Company	v." "L.L.C." or "LLC.")		
	, ,		,		
(It name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	orida. The alternate na	me must include "Limited Liability Comp	oany," "L.L.C." or "LLC	
ALABAMA 2.		3. <b>2</b>	0-3398467 (FEI number, if applica	<b></b>	
Durisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applied	ble)	
4.					
	(See sections 605,0904 & 605,0905, F.S. to determi	registration ) ne penalty liability)			
2217 CO HWY 30A W 5. (Street Address of Principal Office)			O HWY 30A W		
(Street Address of Principal Office)		(Ma	iling Address)	<del></del>	
SANTA ROSA BEACH, FL 32459		SANTA ROSA BEACH, FL 32459			
				· _	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT_acceptab	le)	12	
	WHANNON I WIRAAN				
Name:	SHANNON L WIDMAN			<del>:!</del> 3	
Office Address:	1732 W CO HWY 30A #106			-1	
	SANTA ROSA BEACH		32459 Florida		
	(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:	<u>Title or Capacit</u>	<u>v:</u>	Name and Address:
■Manager	Name: CRAIG T. FRICKEY	□Manager	Name:	
□Member	Address: 2217 CO HWY 30A W	□Member	Address:	
□Authorized	SANTA ROSA BEACH, FL 3245	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
■Manager	Name: MICHELLE C. FRICKEY	□Manager	Name:	
□Member	Address: 2217 CO HWY 30A W	□Member		
□Authorized	SANTA ROSA BEACH, FL 32459	□Authorized		
Person		Person		
Other	Other	□Other		□Other
		_		
□Manager	Name:	□Manager	Name:	<u>~</u>
□Member	Address;	□Member		· · · · · · · · · · · · · · · · · · ·
□Authorized		□Authorized		i
Person		Person		
Other	Other	□Other		□Other
				7

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
CRAIG T. FRICKEY

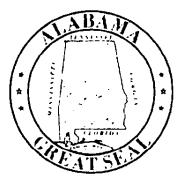
Typed or printed name of signee

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 J & S Country Store, L.L.C. was formed in Saint Clair County, Alabama on September 14, 2005. The Alabama Entity Identification number for this entity is 468-963. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20201111000003646

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.

11/11/2020

Date

J. H. Menill

John H. Merrill

Secretary of State