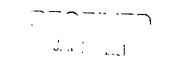
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

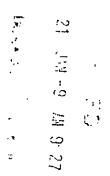
Office Use Only



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JAN S COL

5 COVER LETTER

TO:

Registration Section

Division of Corporations	
Brown & Nowling Investments, LLC	· ·
SUBJECT: Nam	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter t	to the following:
Niki Rose	
	Name of Person
Rose Accounting & Tax, LLC	
	Firm/Company
P O Box 937	
	Address
Geneva, AL 36340	
(City/State and Zip Code
niki@roseacet.com	
E-mail address: (to b	e used for future annual report notification)
for further information concerning this matter, please ca	ill:
Niki Rose	334 248-6339 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI \$125.00 Filing Fee \$\Bigsim \text{S130.00 Filing Fee}\$ Certificate of	ce & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

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. Brown & Nowling Invo	estments, LLC	T				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Com	pany," "L.I.J.C.," or "LI.C.")			
	name adopted for the purpose of transacting business in F					
It name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alterna	te name must include "Limited I.	iability Comp:	iny," "L.I., (C," or "El C
Alabama 2.			2980743			
Ourisdiction under the law of which foreign limited liability company is organized)			3. (F1:1 number, if applicable)			
1	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration,) ne penalty liabilit	y)			
983 L.H. Ausley Circle			Box 117			
Street Address of Principal Office)		6	(Mailing Address)			
Samson, AL 36477		Gen-	eva, AL 36340			
				-		
			 	t		
7. Name and street address of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)				(! .		
, ranc and street addres	or Frontia registered agent. (1.0). Box	14() 1 accep	table)		<u>:</u> -4	
					C	i
Name:	William T Brown				<u> </u>	Ţ. i
			-	*	ယု	
Office Address:	3256 Hwy 90		_	حثم	27	
	Bonifay		32425			
	(City)		Florida(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.

Will Thus
(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: William T Brown Name: Jeffrey Nowling □Manager ☐ Manager Address: 3256 Hwy 90 Address: 983 L H Ausley Circle ■ Member 🗐 Member Bonifay, FL 32425 Samson, AL 36477 ■Authorized Authorized Person Person □Other_____ ___ ___ □Other_____ □Other_____ □Other_____ □Manager Name: Name: □ Manager Address: □ Member ☐ Member Address: ☐ Authorized ☐ Authorized Person Person ☐Other_ ____ □Other____ □Other____ □Other_____ □Manager Name: _____ Name: ___ __ __ __ □Manager □ 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. William T Brewn Signature of an authorized person William T Brown
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 Brown & Nowling Investments, L.L.C. was formed in Geneva County, Alabama on July 11, 2008. The Alabama Entity Identification number for this entity is 422-360. 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.

01/11/2021

Date

X 24. Merill

John H. Merrill

Secretary of State