

M210000003268

(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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09/24/21--01029--002 **25.00

2021 OCT 18 AM 11:39

CO: 30

Handwritten signature

OCT 24 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orange Beach Pile Protection, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kacey Wilcason
Name of Person

Orange Beach Pile Protection, LLC
Firm/Company

1080 Roia Place
Address

Pensacola, FL 32506
City/State and Zip Code

kaceyobpp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kacey Wilcason at (850) 780-3136
Name of Person 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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

*already
checked*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 13 PM 3:01

October 3, 2021

KACEY WILCOXSON
680 RIOLA PLACE
PENSACOLA, FL 32506

SUBJECT: ORANGE BEACH PILE PROTECTION LLC
Ref. Number: M21000003268

We have received your document for ORANGE BEACH PILE PROTECTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00023910

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Orange Beach Pier Protection, LLC

Enter new principal office address, if applicable: n/a

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2021 OCT 18 AM 11:39

2. The Florida document number of this limited liability company is: M21000003268

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 3/19/21

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|---|---|---|
| <u>AMBIZ</u> | <u>Kacey Wilcason</u> | <u>14349 Timber Ridge Dr.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Loxley, AL 36551</u> | <input type="checkbox"/> Remove |
| <u>AMBIZ</u> | <u>Robert Kirk</u> | <u>12102 Longwood Dr.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Pensacola, FL 32507</u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
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| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

William Franklin
Signature of the authorized representative

William Franklin
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. ~~Contact the Judge of Probate's Office to determine the county filing fees.~~ Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 for standard filing (based on date of receipt and volume) or \$200.00 for expedited service (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

County Division Code AL040
Inst # 2017004385 Pages 1 of 4
I certify this instrument filed on
1/17/2017 10:39 AM Doc INC
Alan L King, Judge of Probate
Jefferson County, AL Rec \$63.00

Clerk SSCUGGINS

(For County Probate Office Use Only)

The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):
Orange Beach Pile Protection LLC
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].

This form was prepared by: (type name and full address)

Cheyenne Moseley, LegalZoom.com, Inc.
9900 Spectrum Drive
Austin, TX 78717

(For SOS Office Use Only)

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION

3. The name of the Registered Agent located at the Registered Office (only one agent):

USCA, Inc.

Street (**No PO Boxes**) address of Registered Office (~~must be located in Alabama~~):

100 Oxmoor Road, Suite 110, Birmingham, AL 35209 (County of Jefferson)

Mailing address in Alabama of Registered Office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

☐ Series LLC complying with Title 10A, Chapter 5A, Article 11

☐ Professional LLC complying with Title 10A, Chapter 5A, Article 8

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify / / as the effective date (~~must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed~~) and the time of filing to be ☐ AM ☐ PM (~~cannot be noon or midnight - 12:00~~)

☐ Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

01 / 11 / 2017

Date (MM/DD/YYYY)



Signature as required by 10A-5A-2.04

Cheyenne Moseley, Assistant Secretary

Typed Name of Above Signature

LegalZoom.com, Inc., Organizer

Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).