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#### RICHARD H. POWELL ESQ.

Attorney & Counselor At Law

RICHARD H. POWELL (ext. 211) E-mail: hplaw@powellpa.com Espail: rhplaw@aol.com

321 Brooks Street SE (32548) A. Post Office Drawer 2167 & FORT WALTON BEACH, FLORIDA 32549-2167 TEL: (850)7243-7184 CELL (850) 585-2065

March 24, 2021

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Lamberth Vacation Properties, LLC

Dear Sir/Madame,

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:

Name of Person: Richard H. Powell

Firm/Company: Richard H. Powell & Associates, Inc.

Address: P.O. Box 2167

City/State and Zip Code: Fort Walton Beach, Florida 32549

E-mail address: rhplaw@powellpa.com

Name of contact person: Richard H. Powell at 850.243.7184

Enclosed is a check made payable to **Florida Department of State** for \$130.00 Filing Fee & Certificate of Status.

Sincerely,

RICHARD H. POWELL

RHP/

Enclosures.

#### COVER LETTER

TO: Registration Division of	i Section Corporations	
SUBJECT:	AMBERTY VA	Name of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please return all corre	espondence concerning this ma	
	Richao	Name of Person  ATRO H. POWELL & ASSOCIATED TOR.
		Name of Person
	Rich	ARD H. POWELLA ASSOCIATEDE.
		Firm/Company
	Por	30x 2167
		Address (2) TO 151
	Fort	WALTON BEACH, FL 32549
		City/State and Zip Code
	RHP LA E-mail address:	WALTON BEACH, FL 32540)  City/State and Zip Code  No 9AP  WE POWELL PA. COM  (to be used for future annual report notification)
For further information	on concerning this matter, plea	
Pu	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Add	···-	Street Address:
Registratio		Registration Section
P.O. Box 6	f Corporations	Division of Corporations The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810
	o, 1	Tallahassee, FL 32303
	iling Fee 🛮 🕱 \$130.00 Filii	DEPARTMENT OF STATE

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

IV POWDA
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC.," br "LLC.")
It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. ALABAMA (Jurisdiction under the law of which foreign limited liability company is organized)  3. 86-1765008 (FEJ number, if applicable)
(Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S to determine penalty liability)  5. 1195 WILLOW WAY EAST 6. 1195 WILLOW WAY EAST  (Mailing Address)  (Alailing Address)
ALEXANDER CITY ALEXANDER CITY TI
AL 35010 AL 35010 3
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Richard H. TOWELL
Office Address: 321 Brooks St. S.E.
FORT WALTON BETICK, Florida 32548
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 lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree o 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 ugent'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:
Manager	Name: SALLY LAMBERTH	Manager	Name: Michael Lamberth
Member	Address: 1195 WILLOW WAY EAST	Member	Address: 1195 Willow WAY EAST
□Authorized	ALEXANDER CITY	□Authorized	ALEXANDER City
Person	AL 35010	Person	AL 35010
Other	Other	Other	Other
□Manager	Name:	□Manager	Name: 2021 HA 27 Address: 26
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	☐ Other
□Manager	Name:	□Manager	Name:
□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. 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

RICHARD H. POWELL

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 LAMBERTH VACATION PROPERTIES, LLC was formed in Tallapoosa County, Alabama on January 26, 2021. The Alabama Entity Identification number for this entity is 831-902. 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.

03/24/2021

Date

X.W. Menill

John H. Merrill

Secretary of State