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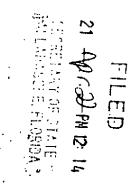
(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200364355662

84/22/21--01010--026 **160.00







April 20, 2021

VIA USPS

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

Re: Registration of foreign LLC to Transact Business in Florida

Dear Sir or Madam:

Please find enclosed the following items on behalf of Bosarge Mobile Homes Sales, LLC:

- 1. Application for Foreign LLC to Transact Business in Florida for Bosarge Mobile Homes Sales, LLC;
- 2. Alabama Certificate of Existence for Bosarge Mobile Homes Sales, LLC;
- 3. Check in the amount of \$160.00 payable to Florida Department of State; and

Please let us know if you require anything further.

Thank you in advance for your assistance.

Very truly yours,

Dessien Lwelch

Jessica L. Welch

JLW:slp Enclosures 1584366

COVER LETTER

TO:

Во	sarge Mobile Homes Sales, LLC			
JBJECT:	Name	of Limited Liability Company		
		, , ,		
e enclosed "A istence, and ch	pplication by Foreign Limited Liability C heck are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.		
ease return all	correspondence concerning this matter to	o the following:		
	Jessica L. Welch			
		Name of Person		
	Johnstone Adams, LLC			
		Firm/Company		
	P.O. Box 1988			
		Address		
	Mobile, AL 36633			
	C	ity/State and Zip Code		
	jlw@johnstoneadams.com			
	E-mail address: (to be	used for future annual report notification)		
or further infor	mation concerning this matter, please cal	11:		
Calvin Bosarge, Jr.		251 709-0656 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
	on of Corporations	Division of Corporations		
P.O. Box 6327 The Centre of Tallahasse				
Tallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	ed is a check for the following amount:			
	make check payable to: FLORIDA DEP 5.00 Filing Fee S130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificat		

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:

Bosarge Mobile Homes	Sales, LLC	1 - 1 - 1 - 1 - 1 - 1	<u> </u>		
(Name of Foreign) Bosarge Mobile Homes, I	Limited Liability Company; must include "Limite	d Liability	y Compan	y, '' L.L.C., 'or "LLC. ')	
_	ame adopted for the purpose of transacting business in F	lorida The	alternate na	ame must include "Limited La	ability Company," "L.L.C," or "L.L.C."
Alabama			83-110	54868	
2. (Jurisdiction under the law of w	nich foreign limited liability company is organized)	3.		(FEI numb	er, if applicable)
N/A 4.					
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	n.) liability)		
11011 Wisteria Street		6	11011	Wisteria Street	
Ostreet Address of Principal Office)	·· ·····	U.	(M	ailing Address)	
Irvington, AL 36544			Irvingto	on, AL 36544	
					Fr. 2
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptal	ole)	PACA PAIR
Name:	Calvin Bosarge, Jr.				2 E E E
Office Address:	9441 Gulf Beach Highway				V 8180
	Pensacola			32507 , 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 gegistered agent.

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: Calvin Bosarge Jr		Name: Raechel Jane Bosarge
■Member	Address:	■Member	Address: 11011 Wisteria Street
□Authorized	Irvington, AL. 36544	□Authorized	Irvington, AL 36544
Person		Person	
□Other	Other	Other	Other
□Manager	Name:Tracey Jane Carpenter	□Manager	Name:
■Member	Address: 563 Woodyard Road	□Member	Address:
□Authorized	Leroy, AL 36548	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

<u>Important Notice:</u> 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 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 Bosarge Mobile Home Sales, LLC was formed in Mobile County, Alabama on June 25, 2018. The Alabama Entity Identification number for this entity is 522-889. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210416000012738

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.

04/16/2021

Date

X.W. Merill

John H. Merrill

Secretary of State