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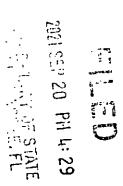
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Hume)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barn Owl Carpo	iability Company
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced for	Authorization to Transact Business in Florida," Certificate of reign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following	g:
Andrew Forbe	crson
Barn Onl Co	rpentryLLC
27797 Genesi	
4	36536 Zip Code
E-mail address: (to be used for futu	are annual report notification)
For further information concerning this matter, please call:	
Andew Torbos at (25) 23-6091 Trea Code Daytime Telephone Number
Registration Section Registration of Corporations Division P.O. Box 6327 Tallahassee, FL 32314 2415	Address: Litation Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to FLORIDA DEPARTMENT \$\Boxed{\text{S}}\$ \$125.00 Filing Fee \$\Boxed{\text{V}}\$ \$130.00 Filing Fee \$\Boxed{\text{C}}\$ \$Certificate of Status	OF STATE 155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (IBSUP), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. Barn Owl Carpentry L. Same of Foreign Limited Liability Company; must behade "Limited Mability Company," "LLC," or "LLC," or "LLC,"		
(If 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 (Jurisdaction under the law of which foreign limited liability company is organized) 3. 80 - 508 75 35 (PE! number, if applicable)		
4		
(Date first transacted business in Florida, if prior to regulation) (See sections 605 1994 & 005 0905, F.S. to determine penalty hability)		
5 277 97 Genesis Way 6. 27797 Genesis Way 6. (Mathing Address) Genesis Way	7021 S	77.9
S. 277 97 Genesis Way 6. 27797 Genesis Way (Nicer Address of Principal Office) Elberta, Al 36536 Elberta, AL 36536	SEP 20	AC SER.
,		
	그의 물	E
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	PH 4: 29	وس
Name: James P. Forbes IT	- IE 9	
Office Address: 2011 NE 12th PL		
Ocala Florida 34770		
Registered agent's acceptance:	<i>:</i>	
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place		1

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Androw Forbes Manager □Manager Name: □Member □Member Address: □ Authorized □ Authorized Person Person Wother Owner □Other_ []Other_ □Other____ □Manager Name: □Manager □Member Address: _____ □Member Address: ____ □ Authorized []Authorized Person Person Other____ Other_ □Other_ Other___ □Manager □Manager Name: ___ □Memoer ☐ Member Address: __ ___ Address: _ □ Authorized □ Authorized Person Person □Other____ Other_ □Other____ DOther.

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

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 Barn Owl Carpentry, LLC was formed in Baldwin County, Alabama on March 5, 2018. The Alabama Entity Identification number for this entity is 512-155. 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.

09/16/2021

Date

X24. Marill

John H. Merrill

Secretary of State