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	Foreign Limited Liabi	ility Company	S. FRANKLIN
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## **COVER LETTER**

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## TO: Registration Section Division of Corporations

KE Inkstmen SUBJECT: Limited Liability Company

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:

Andrew Fisher Name of Person	<u> </u>	
FRE Investments L1C	282	2
2004 Laternoor Dr. Address	NUN	
Gardendale AL 35244 City/State and Zip Code	r-1	P 11
<u>realestatehoovra anail. un</u>		2:

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ( 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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy OF STATE Certificate of Status Certified Copy OF STATE Certificate of Status Certified Copy OF STATE Certificate of Status Certified Copy OF STATE Certificate OF STATE Certificate OF STATE

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			COVER LETTER	R.		
TO:	Registration Secti Division of Corpo					
	FRE Investme		•	, · · ·		
SUBJE	CT:		Name of Limited Liabili	ity Company		
The end Existenc	losed "Application b e, and check are sub	by Foreign Limited I punitted to register th	Liability Company for Authorse above referenced foreign li	rization to Transact Busin	iess in Florida," Certif to transact business in	ficate of Florida.
Please ra	eturn all correspond	ence concerning this	s matter to the following:	•	•	
	Cheyenne	e Moseley				
			Name of Person			
	Legalzooi	m.com. Inc.		· · ·		
		····	Firm/Company		· · · · · · · · · · · · · · · · · · ·	•
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	· · · · · ·		Address			
	Glendale,	CA 91203	· · ·			
. ·		<u></u>	City/State and Zip Co	xie .		4n31
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	<u> </u>	E-mail addre	ess: (to be used for future ann	ual report notification)		
For furt	her information conc	cerning this matter, p	please call:	· ·		PH I
	Cheyenne Moseley	y .		773-0888	E Star	
	. N	ame of Contact Pers		xde Daytime Teleph	hone Number 17	
· · ·	MAILING ADDR Division of Corpor Registration Sectio P.O. Box 6327 Tallahassee, FL 32	ations m		STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent	tions ter Circle	
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APPLICATION BY FO	REIGN LIMITED LIAB	ILITY COMPANY FOR AU	JTHORIZATION TO	TRANSACT BU	JSINESS
		IN FLORIDA			
IN COMPLANCE WITH SECTI	ION 605.0902. IT.ORIDA STAT	UTES, THE FOLLOWING IS SUB	MITTED TO REGISTER A	FOREIGN LIMITE	D FLABILTE
COMPANY TO TRANSACT BUS			· · · · ·		
FRE Investments LLC					
(Name of Foreign L	imited Liability Company; must	include "Limited Linbility Company,	" "L.L.C.," or "LLC.")	•	
FRE Investments Co	ondos LLC				
(If name unavailable, enter alternate nam	m adopted for the purpose of transfect	ing business in Florida. The alternate name	must include "Limited Lightlity (	company," "L.L.C." or "L	I.C.")
ALABAMA					
2. (hurisdiction under the law of white	th foreign limited liability company is	organized)	(FEI maraber, if	pplicable)	
			· · ·		
01/22/2019	•				
H	(Date first beneacted business in (See sections 605.0904 & 605 09	Florida, if prior to registration.} 05, F.S. to determine penalty lrability?	· · · ·	_	
2004 Lakemoor Dr		2064 La	kemoor Dr		
5(Stree: Address of Pri		6	(Maiking Address)		<u>.</u>
	· ·	•		•	
Binningham, AL 35244	•	Birming	ham, AL 35244	_	
		• •		202	
		· ·		E S	
- <u>-</u>				29	
7. Name and street address	of Florida registered agen	t: (P.O. Box <u>NOT</u> acceptable	.)	- ×	6 2 <b>-2-3</b>
• •	·. · ·	· · · ·	· · · ·		350
	UNITED STATES CORI	PORATION AGENTS, INC.		က်လီ ကိ	
Name:	· · · ·	· · · · · · · · · · · · · · · · · · ·			
	5575 S. Semoran Blvd., S	ulte 36		+ * <b>†</b>	
Office Address:	 _				
	Orlando	. 1	32822 ·lorida		•
	,, _, _, _,,,,	(Cib)	(Zip code)	⊷.` · .	; .
Registered agent's accept	ance:				
Having been named as reg	istered agent and to accer	nt service of process for the al	bove stated limited liab	ility company at i	the place
designated in this application	on, I hereby accept the ap	pointment as registered agen to the proper and complete pe	t and agree to act in the rformance of my duti	us capacity. 1 fur 15. and 1 am famil	ther agree liar`with
and accept the obligations	of my position as register	ed agent.			
	$\Delta I_{A} \Delta$	CHEYENNE M	OSELEY, ASSISTANT	SECRETARY,	
	(1)// -		ES CORPORATION A	GENTS, INC.	
· · · .			•••	•	
	0	(egistered agent's signature)		•	
	(	legistered ngen('* ngnzsurc)			
	0	(rgistered agent's sgnasure)			
	0	Ugistered agent's sgnature)			

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: Elizabeth Fisher		Manager Manager	Name: Andr	ew Fisher
Member	Address: 2004 Lakemoor Dr	· .	Member	Address:	04 Lakemoor Dr
Authorized	Birmingham, AL 35244		Authorized	Birmingham	, AL 35244
Person			Person		
Other	Oiner		Other		Other
•			• • •	. '	· · ·
Manager	Name:		Manager	Name:	
Member	Address:		Member	Address:	
Authorized			Authorized	·. 	
Person			Person		
Other	Other		Other		Quber S
·		<i>,</i> `			e e
Manager	Name:		Manager	Name:	H. O
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.

Signature of an authorized person

Elizabeth Fisher, Managing Member

