

M21000016489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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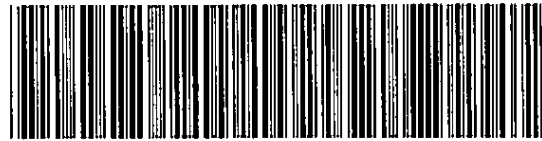
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
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2021 NOV -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FL 32399

SS 9741
-1000

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Timber Creek Housing, LLC

Name of 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:

Haley Pierce

Name of Person

Timber Creek Housing, LLC

Firm/Company

PO BOX 160

Address

Bear Creek, AL 35543

City/State and Zip Code

hpierce@timbercreekhousing.com

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

For further information concerning this matter, please call:

Haley Pierce

205

642-8604

at (_____) _____

Name of Contact 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ ~~\$130.00 Filing Fee &~~
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Timber Creek Housing, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. AL

(Jurisdiction under the law of which foreign limited liability company is organized)

85-3927199

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

674 County HWY 65 Bear Creek, AL 35543

5.

(Street Address of Principal Office)

PO BOX 160 Bear Creek, AL 35543

6.

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Christopher Newton

Office Address:

4934 Magnolia Rd.

Marianna

(City)

, Florida

32448

(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 registered agent.

(Registered agent's signature)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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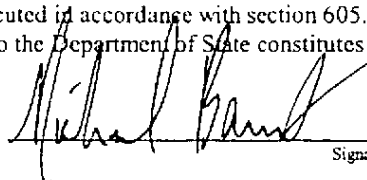
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Mike Barnett	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 674 County HWY 65	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Bear Creek, AL 35543	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Todd Evans	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 674 County HWY 65	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Bear Creek, AL 35543	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Dennis Adams	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: PO BOX 1225	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Brewton, AL 36427	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other ^{Owner} _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Mike Barnett

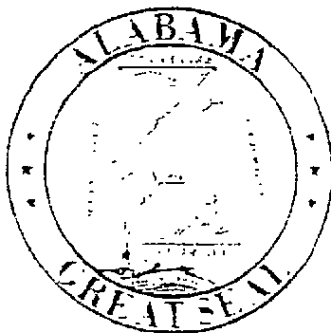
John H. Merrill
Secretary of State

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 Timber Creek Housing, LLC
was formed in Franklin County, Alabama on November 17, 2020. The Alabama
Entity Identification number for this entity is 821-962. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20210804000010878

**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.**

08/04/2021

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State