

M21000016688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

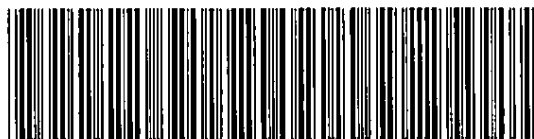
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700372752557

FILED

2021 DEC -9 PM 2:40

ALLAH/SSC, FLOR.

RECEIVED

2021 DEC -9 AM 11:52

ALLAH/SSC, FLOR.

S. FRANKLIN

DEC 10 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 290736 5123330

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : December 9, 2021

ORDER TIME : 11:03 AM

ORDER NO. : 290736-005

CUSTOMER NO: 5123330

FILED
2021 DEC -9 PM 2:40
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: Alys Beach House LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alys Beach House 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:

Valerie Williams

Name of Person

Firm/Company

PO Box 530255

Address

Atlanta, GA 30353

City/State and Zip Code

Valerie.williams@coxinc.com

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

FILED
2021 DEC -9 PM 2:40
TALLAHASSEE, FL

For further information concerning this matter, please call:

Valerie Williams

404

216.7937

Name of Contact Person

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**

☐ \$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. Alys Beach House LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. December 9, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 6205A Peachtree Dunwoody Road
(Street Address of Principal Office)

Atlanta, GA 30328

6. PO Box 530255
(Mailing Address)

Atlanta, GA 30353

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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 registered agent.

Corporation Service Company

By: Eylime Baker
Assistant Vice President
(Registered agent's signature)

FILED
2021 DEC -9 PM 2:40
TALLAHASSEE, FL

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: Blue Fin Manager LLC | <input type="checkbox"/> Manager | Name: Valerie Williams |
| <input type="checkbox"/> Member | Address: PO Box 530255 | <input type="checkbox"/> Member | Address: PO Box 530255 |
| <input type="checkbox"/> Authorized | Atlanta, GA 30353 | <input checked="" type="checkbox"/> Authorized | Atlanta, GA 30353 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

FILED
2021 DEC -9 PM 2:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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.

Valerie Williams
Signature of an authorized person

Valerie Williams
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALYS BEACH HOUSE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALYS BEACH HOUSE LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED
2021 DEC -9 PM 2:40
TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

6448159 8300

SR# 20214031332

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204919663

Date: 12-09-21