## M22000000564

| (Requestor's Name)  (Address)           |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
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12/17/21--01020--010 \*\*125.00



## **COVER LETTER**

| TO:    | Registration Section Division of Corporations    | •  |
|--------|--|--|
| SUBJ   | ECT: <u>Cunningham</u> Ente                      | INTERIOR LIABILITY Company   |
|        |  | y Company for Authorization to Transact Business in Florida," Certificate of<br>re referenced foreign limited liability company to transact business in Florida. |
| Please | return all correspondence concerning this matte  | er to the following:   |
|        | Kim Cunnir                                       | Sham<br>Name of Person   |
|        | Cunningham                                       | Enterprises, LLC Firm/Company  |
|        | P.O. Box   | 1569<br>Address  |
|        | Orange Be  | City/State and Zip Code  |
|        | KIMC, a GW<br>E-mail address: (to                | be used for future annual report notification)   |
| For fw | rther information concerning this matter, please | call:  |
|        | Kim Cunningham Name of Contact Person            | at (25) 974 - 5778  Area Code Daytime Telephone Number   |
|        | Mailing Address: Registration Section            | Street Address: Registration Section   |
|        | Division of Corporations                         | Division of Corporations   |
|        | P.O. Box 6327                                    | The Centre of Tallahassee  |
|        | Tallahassee, FL 32314                            | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303  |
|        | Enclosed is a check for the following amount:    |  |
|        | Please make check payable to: FLORIDA DI         |  |
|        | \$125.00 Filing Fee  \$130.00 Filing I           | Fee & 🔲 \$155,00 Filing Fee & 🖂 \$160,00 Filing Fee, Certificate   |

Certificate of Status

Certified Copy

of Status & Certified Copy

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

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.

Blugher

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:

Name and Address:

| Title or Capacity: | Name and Address:       | Title or Capacity: | Name and Address:         |
|--------------------|-------------------------|--------------------|---------------------------|
| Manager            | Name: Kim Cunningham    | Manager            | Name: Barry Kee           |
| □Member            | Address: 4834 Bay Cir.  | □Member            | Address: 801 Haleyon Cir  |
| ☐Authorized        | Ovange Beach, AL        | □Authorized        | Pensaeola, FL             |
| Person             | <u> 36561</u>           | Person             | 32506                     |
| □Other             | Other                   | □Other             | Other                     |
| /                  |                         |                    | _                         |
| Manager            | Name: Andrew Cunningham | Manager            | Name: Steven Williamson   |
| □Member            | Address: 4834 Bay Cic   | □Member            | Address: 26205 Saint Luca |
| □Authorized        | Orange Beach, AL        | □Authorized        | Orange Beach, AL          |
| Person             | 36561                   | Person             | 36561                     |
| Mary acom          | Other                   | □Other             | Other                     |
|                    |                         |                    |                           |
| □Manager           | Name:                   | □Manager           | Name:                     |
| □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. 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.

Mm Cunnington
Signedire 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 Cunningham Enterprises, LLC was formed in Alabama, Alabama on August 18, 2021. The Alabama Entity Identification number for this entity is 878-694. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20211213000006944

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.

12/13/2021

Date

X.W. Muill

John H. Merrill

Secretary of State