

M220000 11051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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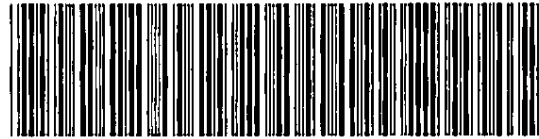
(Business Entity Name)

(Document Number)

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2022 JUN 29 AM 9:34
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sky River Construction 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:

Megan Phillips

Name of Person

JOHNSTON HINESLEY PC

Firm/Company

291 N Oates Street

Address

Dothan, Alabama 36303

City/State and Zip Code

mphillips@johnstonhinesley.com

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

For further information concerning this matter, please call:

Megan Phillips

334

793-1115

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 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Sky River Construction LLC

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

(If none, unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Alabama

88-1339020

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

(LLC number, if applicable)

3. no business conducted prior to this filing

4. (Date first transacted business in Florida, if prior to registration, if
none, unavailable, enter date first transacted business in Florida, if prior to registration, if
none, unavailable, enter date first transacted business in Florida, if prior to registration, if
none, unavailable, enter date first transacted business in Florida, if prior to registration, if

204 Buena Vista Dr

204 Buena Vista Dr

5. (Street Address of Principal Office)

6. (Mailing Address)

Panama City Beach, FL 32413

Panama City Beach, FL 32413

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

Name: Robert W. Thomas

Office Address: 204 Buena Vista Dr

Panama City Beach, Florida 32413

(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.

X Robert W. Thomas
(Registered agent's signature)

2022 JUN 29 AM 9:34
SEALING
FALL ARREST
FILED

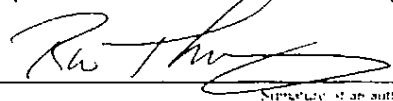
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Robert W. Thomas</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ashley Benton Bond</u>
<input type="checkbox"/> Member	Address: <u>204 Buena Vista Dr</u>	<input type="checkbox"/> Member	Address: <u>c/o 204 Buena Vista Dr</u>
<input type="checkbox"/> Authorized	<u>Panama City Beach, FL 32413</u>	<input type="checkbox"/> Authorized	<u>Panama City Beach, FL 32413</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

X 

 Signature of an authorized person

Robert W. Thomas

 Typed or printed name of signer

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 Sky River Construction LLC was formed in Alabama, Alabama on March 10, 2022. The Alabama Entity Identification number for this entity is 001-007800. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220623000007514

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.

06/23/2022

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State