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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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05/25/22--01010--014 **190.00

2022; 31 Fil 4: 1.5

S. FRANKLIN

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: _PC Services Alabama 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:

	ank H Cole TIT		
	Name of Person		
DC Service Alabamo	Firm/Company	_	
10232 B Frank Cole	Ln		
	Address		
Foley AL 36535		3	
C	Tity/State and Zip Code	2	
dusty edustycolete	10100 00000	۔ ب	
or further information concerning this matter, please ca			
Frank Cole Name of Contact Person	at (<u>251</u>) <u>213 - 8504</u> Arca Code Davime Telephone Number	FH 4: 1:5	
Mailing Address:	Arca Code Daytime Telephone Number Street Address:		
Registration Section	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 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\$130.00 Filing Fee Certificate of	e & 🛛 \$155.00 Filing Fee & 🗔 \$160.00 Filing Fee		

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f pane unavailable, onter alterna	te many adopted for the purpose of transacting business in	Florida. The alteroste name must include "Linuted Liabil	lity Company," "L.L.C." or "
Orange Beach Untroduction State Law of	Alabama which foreign limited liability company to organized)	3. 86-3199802 (FEI uumber.)	(famplicatile)
	(Date first nanoacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	0.75951631996.5	_
	(See sections (05.0904 & 605 0905, E.S. to deter	mine percelly liability)	
26021 Perd	ido Beach Blud	6. 10232 B Frank Col	e Ln
• • •		(waindd ynsores) e	
<u>Orange</u> Bea	ch AL 36561	Foley AL 30535	<u>2</u>
			2022 1
	· · · · · · · · · · · · · · · · · · ·		
Name and <u>street addre</u>	ss of Floridz registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	3
			Pil
Name:	Patrick Daily		. <u>+</u> :
			ភ្
Office Address:	Silelo Pale Moon Dr		
	Pensacola	. Florida 32507	

Registered agent's acceptance:

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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 nuy position as registered agent.

1 _____ (Registered agent's signature)

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>	Name and Address:
□Manager	Name: Frank Cole	□Manager	Name: Heather Cole
Member	Address: 10232, B Frank Cole Ln	Member	Address: 10232 B Frank Cole Ln
Authorized	Foley AL 30535	Authorized	Foley AL 36535
Person		Person	·
Other	Other	[]Other	Other
□Manager	Name: Patrick Daily	□Manager	Name: Gina Daily
Member	Address: 5166 Pale Moon Dr	B Member	Address: <u>Slide</u> Pale Moon Dr
Authorized	Pensacola FL 32507	□Authorized	Pensacola FL 32507
Person		Person	
□Other	[]Other	□Other	DOther
Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	·	□Authorized	
Person		Person	
DOther	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.

Frank Cole III

JOHN H. MERRILL SECRETARY OF STATE ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

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STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the 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 DC SERVICES ALABAMA, LLC. was formed in Alabama on March 5, 2021. The Alabama Entity Identification number for this entity is 000-838-980. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

ABAN
TEAT SEA

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.

August 30, 2022 Date John H. Merrill D Secretary of State