

M22000017065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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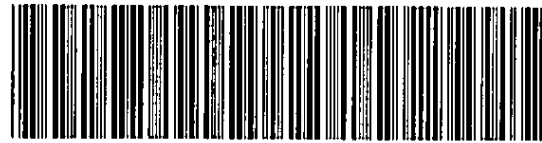
(Business Entity Name)

(Document Number)

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AND  
FILED  
2022 SEP 30 AM 8:59  
CLERK OF STATE  
DEPARTMENT

NOV 09 2022  
K. Brumby

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPECIAL TOUCH OF NORTH AL, 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:

NATHAN EVANS

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Name of Person

SPECIAL TOUCH OF NORTH AL, LLC

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Firm/Company

120 EAGLE RIDGE DRIVE

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Address

GUNTERSVILLE AL 35976

---

City/State and Zip Code

NATHAN@SPECIALTOUCHRESTORATION.COM

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

For further information concerning this matter, please call:

NATHAN EVANS                      931                      797-2400  
\_\_\_\_\_  
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. SPECIAL TOUCH OF NORTH AL 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. ALABAMA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2181244  
(FEI number, if applicable)

4. 10/01/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 120 EAGLE RIDGE DRIVE  
(Street Address of Principal Office)

6. 120 EAGLE RIDGE DRIVE  
(Mailing Address)

GUNTERSVILLE AL 35976

GUNTERSVILLE AL 35976

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

Name: NATHAN EVANS

Office Address: 1501 SE DECKER AVENUE

STUART, Florida 34994  
(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.

APPROVED  
AND  
FILED  
2022 SEP 30 AM 8:59  
HOLLYWOOD, FLORIDA  
CLERK OF CIRCUIT COURT

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 type="checkbox"/> Manager	Name: NATHAN EVANS	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 120 EAGLE RIDGE DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	GUNTERSVILLE AL 35976	<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 _____
 <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 _____

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

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 Special Touch of North AL  
LLC was formed in Marshall County, Alabama on June 13, 2019. The Alabama  
Entity Identification number for this entity is 000-579276. I further certify that the  
records do not disclose that said entity has been dissolved, cancelled or terminated.



**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.**

09/27/2022

Date

20220927000006852

John H. Merrill

Secretary of State