M22100017182

(Re	questor's Name)					
bA)	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
		·				
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to	Filing Officer:					
	_					

Office Use Only



100396320531

19/08/22--01016--009 **180.00

128:01 1 92 · 1777

S. FRAMMILLIN

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	CSL Financial, LLC			
00202		Limited Liability Company	_	
		mpany for Authorization to Transact Business in Florida erenced foreign limited liability company to transact bus		
Please re	turn all correspondence concerning this matter to the	ne following:		
	Dustin Redden			
	,	Name of Person	_	
	CSL Financial, LLC	·	_	
		Firm/Company		
	500 Office Park Drive, Suite 310			
		Address	~	
	Birmingham, AL 35223			
	City/State and Zip Code			
	dredden@commonsenselending.com E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be us	ed for future annual report notification)	٦ لىر)	
For furthe	er information concerning this matter, please call:			
	Dustin Redden	at (205) 331-5700		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	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 DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of S	: 🔲 \$155.00 Filing Fee & 💘 \$160.00 Filing Fee		

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: CSL Financial, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "Ll.C.") (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 "L.L.C.") Alabama (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. PO Box 661527 5. 500 Office Park Drive (Street Address of Principal Office) Birmingham, AL 35266 Suite 310 Birmingham, AL 35223 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents, Inc. Name: 7901 4th St N, Ste 300 Office Address: St. Petersburg 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. (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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: Dustin Redden	□Manager	Name:	
□Member	Address: 500 Office Park Dr.	□Member	Address:	
Muthorized	Suite 310	□Authorized		
Person	Birmingham, AL 35223	Person	,	
Other	Other	Other		□Other
□Manager	Name: Jordan Sullivan	□Manager	Name:	
□Member	Address: 500 Office Park Dr.	□Member	Address:	
Authorized	Suite 310	□Authorized		
Person	Birmingham, AL 35223	Person		(-) (-) (-)
Other	Other	□Other		□Other
Manager	Name: Anna Rowe	□Мanageт	Name:	
□Member	Address: 500 Office Park Dr.	□Member	Address:	
□Authorized	Suite 310	□Authorized		
Person	Birmingham, AL 35223	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.

Signature of an authorized person

Dustin Redden

Typed or printed name of signee

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 CSL Financial, LLC was formed in Jefferson County, Alabama on June 1, 2012. The Alabama Entity Identification number for this entity is 000-035506. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20221020000034380

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.

10/20/2022

Date

X2. Menill

John H. Merrill

Secretary of State