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S. ROBERTS
FEB - 2 2023

## COVER LETTER

T(): Registration Section Division of Corporations
SUBJECT: PAIRADICE ENTERPIEDS 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:
DANNY SHEARS Name of Person
PAICADICE ENTERPRISES LLC Firm/Company
1025 GUINPE AVE
ANNISTON AL 36201  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANNY SHEARS at (256) 225-1000  Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 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

N COMPLIANCE WITH SECTIO COMPANY TO TRANSACT BUSIN	38S INTHE STATEOFF	T.ORID4:			IN LIMITED LIABILITY
PA) FA F	ice EN+(Company: m	P() S(3 C Ist include "Limited Li	LC ability Company, "LLC,"	or "Ll.C ")	
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it name unavailable, enter alternate name					
2 STA 14 Of	- A LA BAMA Torer on lumited hability compa	ny is organized)	3. <u>92</u> .	- 048952 (FEI number, 1/ applicable	, <del>g</del>
NO TORNS	(Date hist transacted business (See sections 605 0964 & 60)	DA H.  in Florida, if prior to region to 1000 F S to determine p	NOW COMPA	NY	
5. 1025 GUS	NEE AVP.		6. (Mailing Address)	ama)	
ANNISTON					
l	1				2023
7. Name and <u>street address</u> o	f Florida registered a	gent: (P.O. Box )	OT acceptable)		JFE3 -2
Name:	ERIC	Prichart	<u> </u>		PH 2:
Office Address: _	15100	Emerald	(DAST PKWY	UN: +206	: 53
-			, Florida		
Registered agent's acceptant Having been named as regist designated in this application to comply with the provision and accept the obligations of	tered agent and to ac n, I hereby accept the s of all statutes relati	e appointment as i ive to the proper a	egistered agent and ag nd complete performa	ree to act in this cap	acity. I further agree

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]:

manage [up to six (t	o) total]:		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
E.Manager	Name _ DANNY SHEARS_	□Manager	Name: ERIC PrichARD
(Member	Address. 2108 MARIAN LN.	Member	Address: 3000 Old Sulpher Spring
	OXFORD, AL 36203	□Authorized	K UNL
Person		Person	WELLINGTON, AL 3621
□Other	□Other	□Other	Other
∏Managei	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
☐ Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Oihei	Other	Other
Important Notice: Indexed individual	Use an attachment to report more than six (6). The s may be added to the index when filing your Flor	attachment will be in ida Department of Sta	naged for reporting purposes only. Non- te Annual Report form.
9. Attached is a cer jurisdiction under to of the translator mi	rtificate of existence, no more than 90 days old, du the law of which it is organized. (If the certificate i ust be submitted)	aly authenticated by th is in a foreign languag	e official having custody of records in the e, a translation of the certificate under oath
10. This document submitted in a docu	is executed in accordance with section 605.0203 (ument to the Department of State constitutes a third	(1) (b), Florida Statute 1 degree felony as pro	es. I am aware that any false information wided for in s.817.155, F.S.

WES ALLEN SECRETARY OF STATE ALABAMA STATE CAPITOL MONIGOMERY, AL 36130

## STATE OF ALABAMA

I, Wes Allen, 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 Pairadice Enterprises LLC was formed in Alabama on September 19, 2022. The Alabama Entity Identification number for this entity is 001-040-442. 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.

January 31, 2023

Date

War Och

Wes Allen

Secretary of State