

M23000002261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

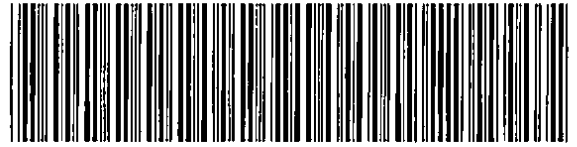
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBR FLORIDA, 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:

ALISON WARD

Name of Person

MOBILE BAY REALTY, LLC

Firm/Company

10 N. Section Street

Address

Fairhope, AL 36532

City/State and Zip Code

alison@mobilebayrealty.com

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

For further information concerning this matter, please call:

ALISON WARD

850

485-3600

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MBR FLORIDA, 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. 92-3918016
(FEI number, if applicable)

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

5. 10 N. Section Street
(Street Address of Principal Office)

6. 10 N. Section Street
(Mailing Address)

Fairhope, AL 36532
Fairhope, AL 36532

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

Name: CT CORPORATION SYSTEMS

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Nichol McCoy, Assistant Secretary
(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>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Dorman Holdings, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>851 Sea Cliff Drive</u>
	<u>Fairhope, AL 36532</u>
<input type="checkbox"/> Authorized	<u>Person</u>
	<u>Patricia Anne Dorman</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Capital W Consulting, LLC

☒ Member Address: 206 Perdido Avenue

☐ Authorized Fairhope, AL 36532

Laura H. Weber

☐ Other ☐ Other

☐ Manager Name: SJD Products, LLC

☒ Member Address: 6038 Nelson Drive

☐ Authorized Fairhope, AL 36532

Person Leslie Jill Delamore

☐ Other _____ ☐ Other _____

☐ Manager Name: Alison Suzanne Ward

☒ Member Address: 10 N. Section Street

☐ Authorized Fairhope, AL 36532

Person

☐ Other ☐ Other

☐ Manager Name: The Mackey Group, LLC

☒ Member Address: 386 Surtees Street

☐ Authorized Fairhope, AL 36532

Person Caroline A. Mackey

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Alison Ward
Signature of an authorized person:

Alison Ward
Typed or printed name of signee

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, 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 MBR Florida, LLC was formed
in Alabama on October 25, 2022. The Alabama Entity Identification number for
this entity is 001-046-302. I further certify that the records do not disclose that said
entity has been dissolved, cancelled or terminated.



20230220000012448

**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.**

02/20/2023

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State