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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

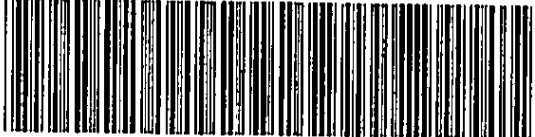
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CD 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:

Frank H Cole III  
Name of Person

CD Services Alabama, LLC  
Firm/Company

10232 B Frank Cole Ln  
Address

Foley AL 36535  
City/State and Zip Code

dusty@dustycoteam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Cole at (251) 213-8504  
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. CD Services Alabama, 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. Orange Beach Alabama 3. 86-3782471  
(Jurisdiction under the law of which foreign limited liability company is organized) (PEP 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. 5166 Pale Moon Dr 6. 10732 B Frank Cole Ln  
(Street Address of Principal Office) (Mailing Address)

Pensacola FL 32507 Foley AL 36685

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

Name: Patrick Daily

Office Address: 5166 Pale Moon Dr

Pensacola, Florida 32507  
(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.

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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: <u>Frank Cole</u>               | <input type="checkbox"/> Manager           | Name: <u>Heather Cole</u>             |
| <input checked="" type="checkbox"/> Member | Address: <u>10232 B Frank Cole Ln</u> | <input checked="" type="checkbox"/> Member | Address: <u>10232 B Frank Cole Ln</u> |
| <input type="checkbox"/> Authorized Person | <u>Foley AL 36635</u>                 | <input type="checkbox"/> Authorized Person | <u>Foley AL 36635</u>                 |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other        | <input type="checkbox"/> Other             | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Manager           | Name: <u>Patrick Daily</u>            | <input type="checkbox"/> Manager           | Name: <u>Gina Daily</u>               |
| <input checked="" type="checkbox"/> Member | Address: <u>5166 Pale Moon Dr</u>     | <input checked="" type="checkbox"/> Member | Address: <u>5166 Pale Moon Dr</u>     |
| <input type="checkbox"/> Authorized Person | <u>Pensacola FL 32507</u>             | <input type="checkbox"/> Authorized Person | <u>Pensacola FL 32507</u>             |
| <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 Person | _____                                 | <input type="checkbox"/> Authorized 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.

*Frank H. Cole III*

Signature of an authorized person

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 CD SERVICES ALABAMA, L.L.C was formed in Alabama on May 4, 2021. The Alabama Entity Identification number for this entity is 000-852-434. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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**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.**

03/03/2023

Date

A handwritten signature in black ink that reads "Wes Allen".

Wes Allen

Secretary of State