

M23000006600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

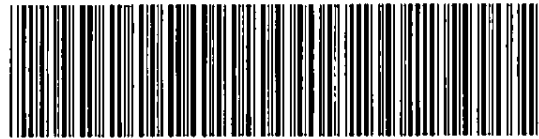
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000062510

Office Use Only



100406551271

04/17/23--01032--008 **97.50

05/17/23--01001--013 **72.50

2023 MAY 22 PM 7:26

MAY 22 2023
K. Brumblay



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2023

CHRISTOPHER FENNELL
5104 CLAIRMONT AVE S.
BIRMINGHAM, AL 35222

SUBJECT: CHRISTOPHER FENNELL LLC
Ref. Number: W23000062510

We have received your document for CHRISTOPHER FENNELL LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 223A00009638

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTOPHER FENNEL 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:

Chris FENNEL
Name of Person

CHRISTOPHER FENNEL LLC
Firm/Company

5104 CLERMONT AVE S
Address

BIRMINGHAM AL 35222
City/State and Zip Code

CHRIS @ CFENNEL.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Fennell at (202) 236 1217
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. CHRISTOPHER FENNEL, 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 3. 27-1503164
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2008
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5104 CLAIRMONT AVE S 6. SAME
(Street Address of Principal Office) (Mailing Address)

BIRMINGHAM AL 35222

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

Name: JAMES BENNET

Office Address: 18306 CYPRESS COVE ROAD

LUTZ

(City)

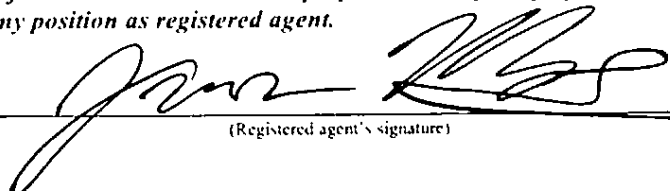
Florida

33549

(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.


(Registered agent's signature)

2023 MAY 22 PM 7:26

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:

☒ Manager Name: CHAS FENWELL

☐ Member Address: 5104 CLAMMONT

☐ Authorized AVES, BIRMINGHAM

Person AL, 35222

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ |
| Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.


Signature of an authorized person

CHRIS FENNER

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 Christopher Fennell, LLC was
formed in Jefferson County on November 20, 2009. The Alabama Entity
Identification number for this entity is 000-440-604. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20230405000009696

**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.**

04/05/2023

Date

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

Wes Allen

Secretary of State