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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**WATKINS & EAGER**

*Attorneys and Counselors at Law*

*EST. 1893*

DANA LARDENT  
DIRECT DIAL (205) 598-2182  
E-MAIL ADDRESS:  
[dlardent@watkinsenger.com](mailto:dlardent@watkinsenger.com)

1904 First Avenue North, Suite 300  
Birmingham, Alabama 35203  
Telephone: (205) 598-2100  
Facsimile: (205) 449-1750

June 22, 2023

**VIA FEDEX**

Division of Corporations  
ATTN: Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street Suite 810  
Tallahassee, FL 32303

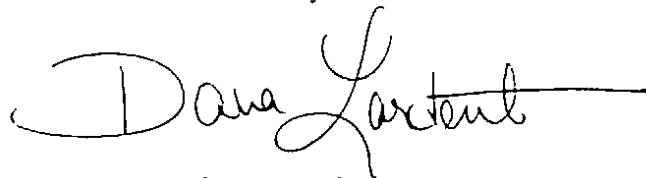
RE: Arlington St. Augustine, LLC

To Whom it May Concern:

Enclosed please see the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-titled limited liability company, accompanied by our firm's check in the amount of \$130.00 for the filing fee and Certificate of Status. I have also enclosed a pre-paid FedEx envelope for return of the recorded documents.

Please let me know if you have any questions or concerns.

Sincerely,



Dana Lardent  
Paralegal to Aaron B. Thomas, Esq.

enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Arlington St. Augustine, 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:

Dana Stewart  
Name of Person

Watkins & Eager, PLLC  
Firm/Company

1904 1st Ave N, Suite 300  
Address

Birmingham, Al. 35203  
City/State and Zip Code

jrenshaw@arlingtonproperties.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Stewart at (205) 598-2182  
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. Arlington St. Augustine, 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. 93-1977880  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/20/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability.)

5. 2 N 20th St, Ste 700 6. 2 N 20th St, Ste 700  
(Street Address of Principal Office) (Mailing Address)

Birmingham, AL 35203 Birmingham, AL 35203

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

Name: Capitol Corporate Services, Inc  
Office Address: 515 East Park Ave, 2nd FL  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.*

Brian Radecki  
(Registered agent's signature) Brian Radecki, Assistant Secretary, on behalf of Capitol Corporate Services, Inc.

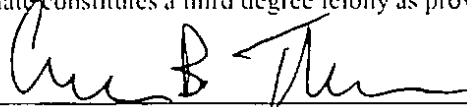
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Arlington Properties, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2 N 20th St, Ste 700</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Birmingham, AL 35203</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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.



Signature of an authorized person

Aaron B. Thomas, Esq

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 Arlington St. Augustine, LLC was formed in Alabama on June 20, 2023. The Alabama Entity Identification number for this entity is 001-085-454. 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.**

06/21/2023

Date



Wes Allen

Secretary of State



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