

W23000010949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/23--01014--025 **2026.25

07/25/23--01028--005 **160.00

FILED

2023 AUG 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FL

W23-104045



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2023

DONALD CARTER
87 MARKET ST.
APALACHICOLA, FL 32320 US

SUBJECT: LA ROBE BOUTIQUE, LLC.
Ref. Number: W23000104045

We have received your document for LA ROBE BOUTIQUE, LLC. and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2026.25.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 523A00017181

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA ROBE BOUTIQUE, 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:

DONALD CARTER

Name of Person

LA ROBE BOUTIQUE

Firm/Company

900 DYKES ROAD N.

Address

Mobile, AL 36608

City/State and Zip Code

drcartersr@gmail.com

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

For further information concerning this matter, please call:

TELLIE CARTER

251

472-6410

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. LA ROBE BOUTIQUE, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. AL 452400857
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AUGUST 1, 2012
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 87 MARKET ST DONALD CARTER
(Street Address of Principal Office) (Mailing Address)

APALACHICOLA, FL 32320 900 DYKES ROAD N.
MOBILE, AL 36608

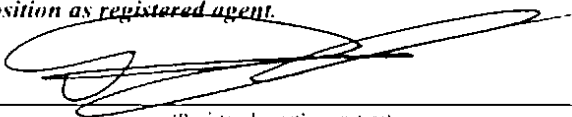
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BONNIE CARTER
Office Address: 103 AVE. D
APALACHICOLA 32320
(City) Florida (Zip code)

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2023 AUG 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

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)

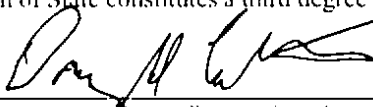
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: TELLIE CARTER	<input checked="" type="checkbox"/> Manager	Name: JESSICA WILSON
<input type="checkbox"/> Member	Address: 3045 SNOW ROAD N	<input type="checkbox"/> Member	Address: 900 DYKES RD N
<input type="checkbox"/> Authorized	SEMMES, AL. 36575	<input type="checkbox"/> Authorized	MOBILE, AL. 36608
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: BONNIE CARTER	<input type="checkbox"/> Manager	Name: DONALD CARTER
<input type="checkbox"/> Member	Address: 900 DYKES RD N	<input type="checkbox"/> Member	Address: 900 DYKES RD N
<input checked="" type="checkbox"/> Authorized	MOBILE, AL. 36608	<input checked="" type="checkbox"/> Authorized	MOBILE, AL. 36608
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

DONALD CARTER

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 LA ROBE BOUTIQUE, LLC
was formed in Mobile County on May 26, 2011. The Alabama Entity
Identification number for this entity is 000-014-276. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20230718000019998

**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.**

07/18/2023

Date

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

Wes Allen

Secretary of State