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K. Brumbley

COVER LETTER

Registration Section Division of Corporations

TO:

CHBIECT.	ВМА	Properties, LLC
SUBJECT:	Name o	f Limited Liability Company
The enclosed "A Existence, and c	Application by Foreign Limited Liability Concheck are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to the	ne following:
	ŧ	Bryan Applefield
		Name of Person
	В	MA Properties, LLC
		Firm/Company
	I	06 Adris Place
		Address
	Γ	Oothan, AL 36303
	City	/State and Zip Code
	sheila	.hawkins@wincolle.com
	E-mail address: (to be us	sed for future annual report notification)
For further info	rmation concerning this matter, please call:	
	Denese Culbreth, CPA	334 793-7001 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	red is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee S130.00 Filing Fee & Certificate of S	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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:

	- Pine Mountain				_
name unavailable, enter alternate	name adopted for the purpose of transacting business in F	torida. The alternate	name must include "Limited Lia	ability Company," "L.L.C," or	"L.I.C
Α	labama	2	81-2064710		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI number, if applicable)		
Upon qualification					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)	1		
106 Adris Place		_	Adris Place		
Dothan, AL 36303		(Mailing Address)			_
		Dothan, AL 36303			
				·	_
					_
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	2023 NOV	
					F=:
Name:	CT Corporation System		··		5
Name: Office Address:	CT Corporation System 1200 South Pine Island Road		-	5 AM 9: 05	(1)

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)

Denise Bell, Assistant Secretary

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: Title or Capacity: Name and Address: B. Scott Applefield Bryan M. Applefield □Manager □ Manager Address: 106 Adris Place Address: ___ ■ Member ■ Member Dothan, AL 36303 Dothan, AL 36303 □ Authorized ☐ Authorized Person Person □Other_____ □Other _____ □Other____ □Other Name: □Manager □Manager Name: _____ Address: □Member Address: ☐ Member ☐ Authorized ☐ Authorized Person Person □Other ___ Other □Other_____ Other____ Name: Name: ____ □Manager □Manager □ Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other ____ □Other____ □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Bryan M. Applefield Bryan M. Applefield (NOV 14/2023 09:37 CST) Signature of an authorized person

Bryan M. Applefield

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 BMA Properties, LLC was formed in Houston County on March 24, 2016. The Alabama Entity Identification number for this entity is 000-357-887. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20231025000008940

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.

10/25/2023

Date

Wes Allen

Secretary of State