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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

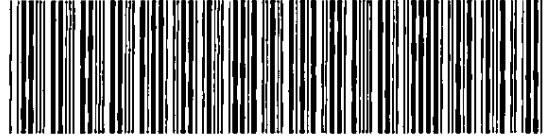
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 13 PM 5:14

Notary Public

H



November 10, 2023

VIA FEDERAL EXPRESS

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

Entity: KT Beach Properties, LLC
Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

Dear Registration Section:

Please find enclosed an original and one copy of the above referenced document for KT Beach Properties, LLC for filing with your office, along with a cover letter and Certificate of Existence from the Alabama Secretary of State.

We have also enclosed our check in the amount of \$125.00, in payment of the required filing fee.

We would appreciate your returning to our office a stamped filed copy utilizing the addressed Federal Express envelope enclosed for your convenience.

If you have any questions regarding this filing, please feel free to contact our office.

Sincerely,

BRADLEY ARANT BOULT CUMMINGS LLP

A handwritten signature in black ink that reads "Carol A. Ratliff". The signature is written in a cursive, flowing style with a prominent flourish at the end of the name.

Carol A. Ratliff
Legal Assistant

/car

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KT Beach Properties, 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:

Timothy P. Cummins

Name of Person

Firm/Company

106 White Pine Drive

Address

Madison, AL 35757

City/State and Zip Code

tcummins@grishamcummins.com

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

For further information concerning this matter, please call:

Hall B. Bryant III

256

517-5151

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. KT Beach Properties, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 106 White Pine Drive
(Street Address of Principal Office)
Madison, AL 35757

6. Same
(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

FILED
2023 NOV 13 PM 5:14
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.

Kathryn A. Widdoes, Asst Secretary
(Registered agent's signature)
Kathryn A. Widdoes

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: Timothy P. Cummins

Member Address: 106 White Pine Drive

Authorized Madison, AL 35757

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: Kristie J. Cummins

Member Address: 106 White Pine Drive

Authorized Madison, AL 35757

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

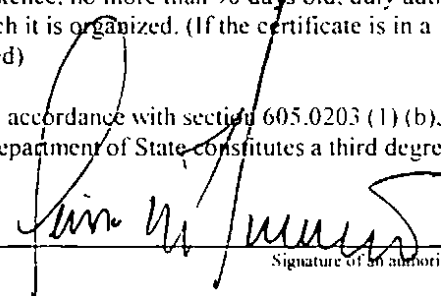
Person _____

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
 Timothy P. Cummins

 Typed or printed name of signer

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 KT Beach Properties, LLC was formed in Alabama on November 2, 2023. The Alabama Entity Identification number for this entity is 001-106-575. 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.

11/09/2023

Date



Wes Allen

Secretary of State



20231109000020932

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(City) (Zip code)

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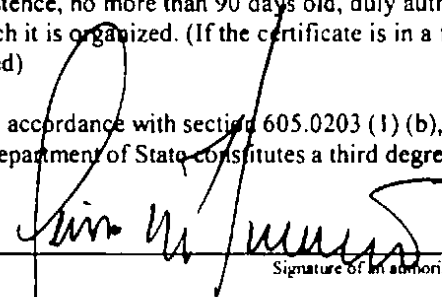
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Timothy P. Cummins	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 106 White Pine Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Madison, AL 35757	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Kristie J. Cummins	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 106 White Pine Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Madison, AL 35757	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Signature of an authorized person
Timothy P. Cummins

Typed or printed name of signee