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(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** dianeandjennysells, 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:

Diane Martino

Name of Person

dianeandjennysells, LLC dba EXIT Realty Landmark

Firm/Company

316 S Mckenzie Street Suite 100

Address

Foley, AL 36535

City/State and Zip Code

dnj.EXITRealtyLandmark@gmail.com

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

For further information concerning this matter, please call:

Diane Martino

Name of Contact Person

at (251 )

Area Code

259-8037

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. dianeandjennysells, 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. State of Alabama  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1714453  
(FEI number, if applicable)

4. Not Applicable  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Diane Martino  
(Street Address of Principal Office)

6. Diane Martino  
(Mailing Address)

316 S. McKenzie Street Suite 100

316 S. McKenzie Street Suite 100

Foley, AL 36535

Foley, AL 36535

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

Name: Diane Martino

Office Address: 4 Portofino Drive Suite 1709

Pensacola Beach, Florida 32561  
(City) (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.

Diane Martino  
(Registered agent's signature)

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2024 FEB 29 AM 7:17  
TALLAHASSEE, FL


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: <u>Jenny Carr</u>	<input type="checkbox"/> Manager	Name: <u>Amanda Farmer</u>
<input type="checkbox"/> Member	Address: <u>316 S McKenzie St Suite 100</u>	<input type="checkbox"/> Member	Address: <u>316 S McKenzie St Suite 100</u>
<input type="checkbox"/> Authorized	<u>Foley, AL 36535</u>	<input checked="" type="checkbox"/> Authorized	<u>Foley, AL 36535</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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

Diane Martino  
Typed or printed name of signer



***State of Alabama***  
***Department of Revenue***

**Certificate of Compliance**

**dianeandjennysells** is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of February 27, 2024. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

*IN WITNESS WHEREOF, I hereunto set my hand this  
date of February 27, 2024.*

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*Disclosure Officer*

**Phone: 334-242-1189**

**Fax: 334-242-1030**

Request Date: February 21, 2024

Request Code: 24022114150840



# Alabama Department of Revenue

## Department of Revenue - Certificate of Compliance

### Payment Amount

Request Fee	\$10.00
Total through Alabama.gov( <a href="http://www.alabama.gov/portal/secondary.jsp?id=alabamaDotGovFee#contentTop">more info</a> ( <a href="http://www.alabama.gov/portal/secondary.jsp?id=alabamaDotGovFee#contentTop">http://www.alabama.gov/portal/secondary.jsp?</a> <a href="http://www.alabama.gov/portal/secondary.jsp?id=alabamaDotGovFee#contentTop">id=alabamaDotGovFee#contentTop</a> ))	<b>\$13.30</b>

**Confirmation Number:** 20240221000014150

**Request Code:** 24022114150840

Your request has been submitted to the Alabama Department of Revenue. Most requests are processed within 3-5 business days. You may check back at any time using the above request code "24022114150840" to check the status of your request, as well as retrieve your request once it has been fully processed. If you entered a valid email address you will receive an email confirmation once your request has been processed and is available to retrieve online.

### Business Information

(Business for which a certificate is being requested)

**Business Name:** dianeandjennysells

**Business Employer ID:**

**Business Address:** 316 S. McKenzie St, Ste 100

Foley, AL 36535

**State/Province of Incorporation:** AL

**Incorporation County:** Baldwin

**Date of Incorporation:** 01/26/2021

**Secretary of State Entity ID:** 927-717

**Daytime Telephone Number:** 251-259-8037

**Email Address:** exitrealtylandmark.dnj@gmail.com

### Requestor Information

(Business or Personal information from the entity making the request.)