

M240000006400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

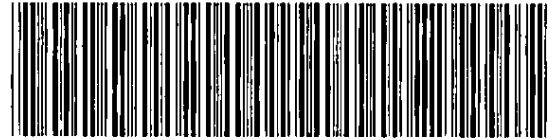
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-58699

Office Use Only



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03/18/24 -01013--007 **160.00

RECEIVED

MAR 15 2024

MAY 21 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2024

SOUTHERN HOME CRAFTERS, LLC
9975 NIX LANE
FAIRHOPE, AL 36532

SUBJECT: SOUTHERN HOME CRAFTERS, LLC
Ref. Number: W24000058699

We have received your document for SOUTHERN HOME CRAFTERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive the Foreign LLC application. If you wish to register to do business in Florida then please fill out the enclosed application and return with a certificate of existence from Georgia not older than 90 days.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 824A00008021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Home Crafters, 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:

Amy 'Kristen' Moore

Name of Person

Southern Home Crafters, LLC.

Firm/Company

9975 Nix Lane

Address

Fairhope, Alabama 36532

City/State and Zip Code

kmoore@firmfoundationsinc.biz

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

For further information concerning this matter, please call:

Amy 'Kristen' Moore

Name of Contact Person

at (678)

Area Code

238-2858

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. Southern Home crafters, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3761266
(FEI number, if applicable)

4. 1/1/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9975 Nix Lane
(Street Address of Principal Office)

6. 9975 Nix Lane
(Mailing Address)

Fairhope, Alabama 36532

Fairhope, Alabama 36532

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

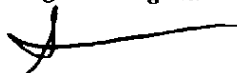
Name: Amy Kristen Moore

Office Address: 209 Ada Wilson Avenue

Pensacola, Florida 32507
(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.



(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]:

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

☐ Manager Name: Amy 'Kristen' Moore (controller)

☐ Member Address: 209 Ada Wilson Avenue

☒ Authorized Pensacola, Florida 32507

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Anthony (Tony) Pickett

☐ Member Address: 7285 Ellie B. Drive

☐ Authorized Panama City, Florida 32404

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jonathan Hazard

☐ Member Address: 9975 Nix Lane

☒ Authorized Fairhope, Alabama 36532

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Kolby Daigle

☐ Member Address: 13449 Isle of Pines Drive

☐ Authorized Magnolia Springs, Alabama 36532

Person _____

Other _____ ☐ Other _____

☒ Manager Name: Robert (Bob) Shaw

☐ Member Address: 1690 Shepp Drive

☐ Authorized Chipley, Florida 32428

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Tina Daniel

☐ Member Address: 5310 Hugh Howell Road

☒ Authorized Stone Mountain, Georgia 30087


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

Amy 'Kristen' Moore

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Southern Home Crafters, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27258409
Date Inc/Auth/Filed: 02/14/2019
Jurisdiction : Georgia
Print Date : 04/22/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger

Secretary of State