# F2500000976

(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer.	(Re	equestor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer.	(Ac	ddress)	
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T. LEMIEUX FEB 18 2025

#### **COVER LETTER**

	ation Section n of Corporations			
SUBJECT:	Cody Brown Builders Inc.			
	Nam	e of corporation	- must include suffix	
Dear Sir or Mad	dam:			
"Certificate of l		ite of Good Stan	Authorization to Transact ding" and check are subm ss in Florida.	
Please return al	l correspondence concer	rning this matter	to the following:	
Cody Brown				
		Name of	Person	•
Cody Brown Bu	ilders Inc.			
		Firm/Com	pany	
717 E Canal Dr				
		Addre	:SS	
Gulf Shores, AL	36542			
		City/State a	nd Zip code	
cbbuildersal@gr	nail.com			
	E mail addre	ess: (to-be used f	or future annual report no	otification).
For further info	rmation concerning this	matter, please c	all:	
Cody Brown		251 at (	753-5911	
Name	of Person	Airea Coul	Daytime Teleph	one Number
Registr Divisio The Če 2415 N	ET/COURIER ADDRE ation Section in of Corporations intre of Tallahassee . Monroe Street, Suite 8 issee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	_	DEPARTMENT	OF STATE \$ \$78.75 Filing Fee & Certified Copy	\$87.50 Filling Fee, Certificate of Status & Certified Copy



February 4, 2025

CODY BROWN 717 E CANAL DR GULF SHORES, AL 36542

SUBJECT: CODY BROWN BUILDERS INC.

Ref. Number: W24000163477

We have received your document for CODY BROWN BUILDERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

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.

Letter Number: 224A00027021

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB- REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIE	<i>),</i> /
1. COAY BYOWN BUILDERS VIC.  (Internance of emporation; must include "INCORPORATED," "COMPANY," "CORPORATION."  "Inc.," "Co.," "Cop," "Inc.," "Co," or "Copp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busin	
2. Alawawa 3. Sy-3033654 (State or country under the law of which it is incorporated) (FEI number, if applicable	<del></del>
4. (c) 28/22 5. (Date of incorporation) (Date of duration, if other than pe	
(Date of incorporation) (Date of duration, if other than pe	rpetual)
o. Wij	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 717 E Canal Dr. Gylf Snorg AL 3,6642 (Principal office street address)	
	7-2 1-3
717 E Caral Dr Golf-Shores AL 36542 (Current marting address, if different)	<del>- 2</del> -
(Current marking address, if different)	•
and the state of t	C·2
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	1 
Name: Cody Brown Office Address: 16223 Narythal Dr	تن . - ب
Office Address: 16223 Narythal Dr	<del></del>
1) 32507	<b>.</b>
Pensal (Ola Florida 32507 (Zip code)	
(City)	
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpe	oration at the place
designated in this application, I hereby accept the appointment as registered agent and agree to a further agree to comply with the provisions of all statutes relative to the proper and complete perf	ormance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.	
(Registered agent's signature)	
(Registered agent's signature)	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery	of this application to
10. Attached is a certificate of existence day	and the state of the chart had

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Cody Brown □Chairman Name: □Chairman Name: \_\_\_\_\_ 717 E Canal Dr. □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Gulf Shores, AL 36542 Director Director President ☐ President □Vice President \_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary Treasurer Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman · Name: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ Address: ☐ Vice Chairman Director ☐ Director ☐ President □ President □Vice President \_\_\_\_\_ □Vice President ☐ Secretary Treasurer □ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □ Chairman Name: ☐ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐Vice Chairman Address: □ Director Director □ President ☐ President □Vice President \_ □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer Other \_\_\_\_ □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. The officer or director signing this document and that he or she is aware that 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. Cody Brown 13.

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Cody Brown Builder's, Inc

This name reservation is for the exclusive use of Cody Brown, 545 E 21st Ave, Gulf Shores, AL 36542 for a period of one year beginning June 28, 2022 and expiring June 28, 2023



RES031533

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.

June 28, 2022

Date

X 24. Menill

John H. Merrill

Secretary of State

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

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of Cody Brown Builder's, Inc, as received and filed in the Office of the Secretary of State on 06/28/2022.



20250128000009028

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.

01/28/2025

Date

Wer Och

Wes Allen

Secretary of State