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(((H22000221806 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500

: (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## Foreign Limited Liability Company FORTITUDE FARM LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Help

H22000221806

#### **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	CT: Fortitude	am LLC					
			Name of I	Limited Liability	Company		
The end Existen	closed "Applications, and check are	on by Foreig submitted to	n Limited Liability Comporegister the above referen	pany for Authoriz enced foreign lim	zation to Trans sited liability o	act Business in Florida," ( company to transact busine	Certificate of ss in Florida.
Please :	return all corresp	ondence con	cerning this matter to the	following:			
	Marg	ret Miller					
			N	ame of Person			
	Marti	n Bagwell L					
			Fi	irm/Company			
	400 1	lorthridge R	i, Ste 1225				
				Address			
	Atlar	ta GA 30350					
			City/S	State and Zip Cod	le		
	mmille	r@mbllawfu	m.com				
	<del></del> ·	I	-mail address: (to be use	d for future annu	al report notifi	cation)	
For fur	ther information	concerning t	his matter, please call:				
	Margaret Mill	er		at (404	) 219-7149		
		Name of (	Contact Person	Area Cod	e Daytii	me Telephone Number	
	Mailing Addr Registration			Street Address Registration			
	Division of		ns	Division of	Corporations		
	P.O. Box 63	•		The Centre of			
	Tallahassee	FL 32314		2415 N. Mor Tallahassee,		Suite 810	
				i alianassee,	FE 34303		
	Enclosed is a c	heck for the	following amount: to: FLORIDA DEPAR	TMENT OF ST	ATE		
	□ \$125.00 Fi		S130.00 Filing Fee & Certificate of St	□ \$155.00 I	Filing Fee & ified Copy	■ \$160.00 Filing Fee, C of Status & Certi	

H22000221806

# 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

Fortitude Farm, LLC						
(Name of Foreign )	limited Liability Company; must include	"Limited Lisbility Co	mpeny;" "L.L.C.," or "LLC.")			
former like one stronger	age adopted for the purpose of transacting buris	sees in Florida. The altern	was name must racked "Limited Linb	ility Consumy," "	LLC," or "1	J.C. 7
COURS OF PERSONS, COLD SECTION O	erit and an an harloss at a comment of a same					
State of Georgia			2-0620375			
(Jurisdiction under the law of wh	nich foreign limited liability company is organis	od)	(Phi number,	, if applicable)	NOF 2202	
				-::	, <b>≈</b>	يەختان دىن
				।*** ]::-:		1.1
	(Date first transacted business in Florida, i (See sections 605,0904 & 605,0903, F.S.)	(prior to registration.) o desermine penalty liabi	iny)	جَدِّ جَرَّ ناک .	2	و -
				<u>).</u>	28	<b>₹</b> 
14725 Wood Rd		6. <u>!4</u>	725 Wood Rd (Mailing Address)	<del></del> _	=	11
rest Address of Principal Office)			(Manag Assess)	بر		
A1-become CA 20004		A1	pharetta, GA 30004	(S).	بې	
Alpharetta, GA 30004		<u> </u>	printed on south	<u> </u>	<del></del>	•
				184		
		_			<del></del>	
. Name and <u>street addres</u> Name:	s of Florida registered agent: (P. Capitol Corporate Service		eptable)		<del></del>	
		es, Inc.	epuabie)			
Name:	Capitol Corporate Servic	es, Inc.				
Name:	Capitol Corporate Service 515 E. Park Avenue, 2nd Tallahassee	es, Inc.			-	
Name:	Capitol Corporate Servic	es, Inc.				
Name: Office Address: Registered agent's accep Having been named as re- designated in this applica- to comply with the provis-	Capitol Corporate Service  515 E. Park Avenue, 2nd  Tallahassee  (City)  stance:  registered agent and to accept serviton, I hereby accept the appoint ions of all statutes relative to the services of my position as registered age.	es, Inc.  FL  ice of process forment as registere proper and compent.	, Florida 32301 (Zip code)  the above stated limited lid agent and agree to act in late performance of my du	ithis capacit itles, and I a	y, <i>2 juru</i>	ser ug:
Name: Office Address: Registered agent's acceptaving been named as releasing to this application of the comply with the provision.	Capitol Corporate Service  515 E. Park Avenue, 2nd  Tallahassee  (City)  tance:  gistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the	es, Inc.  FL  ice of process forment as registere proper and compent.  Taylor Sca	, Florida 32301 (Zh code)  the above stated limited ll d agent and agree to act in	ntes, and I as on behalf	y, <i>2 juru</i>	rer ug:

of the translator must be submitted)

#### H22000221806

H22000221806

le or Capacity:	Name and Address:	Title or Capacit	Y <u>:</u>	Name and Address
Manager	Name: Carolyn A Bell	□Manager	Name:	
Member	Address: 14725 Wood Rd Alpharetta, GA 30004	□Member	Address: _	
Authorized	<u>-</u>	☐ Authorized	<del></del>	<u> </u>
Person		Person	<del></del>	
Other	□Other	□Other		□Other
fanager	Name: <u>Margaret M. Miller</u>	□Manager	Name:	
lember	Address: 400 Northridge Rd, Suite Atlanta, GA 30350	1225Member	Address: _	
uthorized		□Authorized		
erson		Person		
)ther	□Other	Other		Other
lanager	Name:	□Manager	Name:	
lember	Address:	□Member	Address: _	
uthorized		☐ Authorized		
'erson		Person		
ther	Other	□ Other		Other

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.

Typed or printed name of signon

H22000221806

Control Number: 0231824

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

was formed in the jurisdiction stated below or was authorized to transact outsiness 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 : 23271391
Date Inc/Auth/Filed: 06/18/2002
Jurisdiction : Georgia
Print Date : 06/27/2022
Form Number : 211



Brad Raffonepage

Brad Raffensperger Secretary of State