# Florida Department of State

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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 Fax Number : (800)432-3622

\*\*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 MARKETPLACE 20, LLC

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

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Help

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### COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Marketplace 20, LLC
	Name of Limited Liability Company
The end Existens	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of co, and check are submitted to register the above referenced foreign limited fiability company to transact business in Florida.
Please r	eturn all correspondence concerning this matter to the following:
	Doug Ogilvie
	Name of Person
	Marketplace Development, LLC
	Pirm/Company
	4 Tanglewood Ct
	Address
	Athena, GA 30606
	City/State and Zip Code
	doug@mpdevelopment.net
	E-mail address: (to be used for future annual report notification)
For furt	hor information concerning this matter, please call:
	Doug Ogilvie Doug Ogilvie Area Code Daytime Telephone Number 6625
	Mailing Address:  Registration Section  Street Address:  Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 The Centre of Tallahassee
	Tallahassee, FL 32314 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  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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# 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:

Marketplace 20, LLC						
(Name of Foreign L	imited Liability Company; must include "Lin	nited Liability	Company," "L.L.C.,"	or "LLC.")		<del></del>
Manager and the latest and the lates	arm adopted for the purpose of transacting business	- F4 T		in of imited tickill	b Comment of 1 C	" ~ "1 1 C ")
Georgia	ime apopred for the purpose of transacting business t	is riorium. The	necticit thank man inclos	RO ELECTROS EMBIE	iy company, mac	, <b>u</b> 21.2. )
,	ich loreign limited liability company is organized)	3.		(FBI number, il	uplicabk)	<u>—</u>
<b>, </b>				•		
4						
···	(Date first transacted business in Florida, if pro- (See sections 605.0904 & 605.0905, F.S. to det	e to registration termine penalty	ı.) liability)			
4 Tangelwood Ct		_	4 Tangelwood Ct			
5. (Street Address of Principal Office)	<del>,</del>	6.	(Mailing Address)			<del></del>
Athens, Georgia 30606			Athens, Georgia 3	0606		
	<u> </u>					<del></del>
	<del> </del>				رح	20
7. Name and street address	s of Florida registered agent: (P.O. Ε	30x <u>NOT</u>	acceptable)			1 2023 J
						$\subseteq$
Name	Capitol Corporate Services,	Inc.				20
Name:					SS	- -
Office Address:	515 E. Park Avenue, 2nd F	<u>L</u>			OF S SEE,	5H 4: 4:
					T B	<u> </u>
	Tallahassee (City)		, Florida _	32301	— ' <del></del>	8
	, .,			(=4 1121)		
Registered agent's accep- Having been named as re-	tance: gistered agent and to accept service	of process	for the above state	ed limited lia	bility company	at the place
designated in this applica	tion. I hereby accept the appointmentions of all statutes relative to the pro	nt as regist	ered agent and ag	ree to act in t	this capacity. I	further agre
to comply with the provision and accept the obligation:	ions of au statutes relative to the pro s of my position as registered agent.	per unu ca	impiets perjormun	ice of my ann	sea, unu a am ji	
	Lim Tadlock		dlock, as Asst.	•	on behalf of	
		Capitol cent's signeture)	Corporate Serv	ices, Inc.		

H23000253790

Title or Capacity:  Mame and Address:  Doug Olgilvie		Title or Capacity:	Name and Address: Name: Stuart Ogilvio		
Member	Address: 4 Tangelwood Ct	<b>■</b> Member	Address: 4 Tanglewood Ct		
□ Authorized	Athens, GA 30606	□ Authorized	Athens, GA 30606		
Person		Person			
□Oth <del>er</del>	Other	□Otber	□Other		
□Manager	Namo:	□Manager	Name:		
□Member	Address:	☐ Member	Address:		
□ Authorized		☐ Authorized			
Person		Person			
⊡Other	Other	□Other	Other		
□Manager	Name:	☐ Manager	Name:		
□ Memb <del>er</del>	Address:	☐ Member	Address:		
□Authorized		☐ Authorized			
Person		Person			
Other	Other	☐ Other	Other		
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mu  10. This document	Ise an attachment to report more than six (6), may be added to the index when filing your difficate of existence, no more than 90 days of the law of which it is organized. (If the certificate the submitted) is executed in accordance with section 605.03 ment to the Department of State constitutes a	Fiorida Department of State d, duly authenticated by the cate is in a foreign language 203 (1) (b), Florida Statutes	official having custody of records in the a translation of the certificate under out.  I am aware that any false information		
			<del>''' '</del>		

Control Number: 22021892

## 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

Mark(tplace 20, LLC)

a Domestic Cimited Linbility 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-Annuated 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 of 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 on is pending with the Secretary of State.

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

Docket Number : 25656552
Date Inc/Auth/Filed: 01/25/2022
Jurisdiction : Georgia
Print Date : 07/20/2023

Form Number : 211



Bul Raffrigger

Brad Raffensperger: Secretary of State