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Roland K. Weekley
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April 9, 2024

Via Federal Express

Catharine N. Schoettle
1990 4th Street
Naples, Florida 34102

Re: Madison Design, LLC

Dear Catharine,

I have enclosed the *Application by Foreign LLC for Authorization to Transact Business in Florida* for your signature. Please sign where indicated and send directly to the Florida Department of State along with the following enclosed documents:

1. Certificate of Existence from Georgia Secretary of State, and
2. Check in the amount of \$125 in payment of filing fee.

I have included a FedEx slip and FedEx envelope for you to use to send the documents to the Florida Department of State.

If you have any questions, please contact me at (404) 815-3624 or rweekley@sgmlaw.com or my paralegal, Janine Lebowitz, at (404) 815-3535 or jlebowitz@sgmlaw.com.

Sincerely,

A handwritten signature in black ink that reads "Roland K. Weekley".

Roland K. Weekley

RKW/jl
Enclosure

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. Madison Design, 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 86-2167760
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3772 Pleasantdale Road, Suite 165 3772 Pleasantdale Road, Suite 165
(Street Address of Principal Office) (Mailing Address)
Atlanta, Georgia 30340 Atlanta, Georgia 30340

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

Name: Roland K. Weekley
Office Address: c/o Smith, Gambrell & Russell, LLP
50 N. Laura Street, STE 2600, Jacksonville, Florida 32202
(City) (Zip code)

4079 MAY 23 PM 2:24

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.

Roland Weekley
(Registered agent's signature)

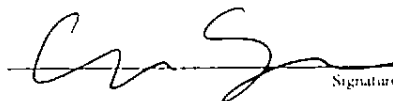
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Catharine N. Schoettle	<input checked="" type="checkbox"/> Manager	Name: Catharine N. Schoettle
<input checked="" type="checkbox"/> Member	Address: 3772 Pleasantdale Road	<input type="checkbox"/> Member	Address: 3772 Pleasantdale Road
<input type="checkbox"/> Authorized	STE 165, Atlanta, Georgia 30340	<input type="checkbox"/> Authorized	STE 165, Atlanta, Georgia 30340
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Catharine N. Schoettle

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

Madison Design, 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 27193509
Date Inc/Auth/Filed 09/13/2018
Jurisdiction Georgia
Print Date 04/02/2024
Form Number 211



Brad Raffensperger

Brad Raffensperger
Secretary of State