M24000007331

(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:			



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2014 RIV 23 EX 2: 24





1105 W. Peachtree St. NE, Suite 1000 Atlanta, Georgia 30309-9813 Tel: 404-815-3500 www.sgrlaw.com



Roland K. Weekley

Direct Tel: 404-815-3624 Direct Fax: 404-685-6924 rweekley@sgrlaw.com

April 9, 2024

Via Federal Express

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

Re: <u>Madison Design, LLC</u>

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.

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

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

Sincerely,

Roland K. Weekley

RKW/jl Enclosure

COVER LETTER

1.

TO:

Registration Section

SUBJECT:Name of Limited Liability Company						
The enclosed 'Existence, and	"Application by Foreign Limited Liability (I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida				
Please return a	all correspondence concerning this matter to	o the following:				
	Roland K. Weekley					
	Name of Person					
	Smith Gambrell & Russell, LLP					
	Firm/Company					
	1105 West Peachtree Street, NE, STE 1000					
	Address					
	Atlanta, Georgia 30309					
	City/State and Zip Code					
	rweekley@sgrlaw.com					
	E-mail address: (to be	e used for future annual report notification)				
For further int	formation concerning this matter, please ca	11:				
Roland K. Weekley		404 815-3624 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEI 125.00 Filing Fee	re & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. Madison Design, LLC	Limited Liability Company, must include "Limited	11.1.7	2011/2" - 411/2"\			
(Name of Foreign	Limited Liability Company, must include "Limited	(Liability Cor	npany, L.E.C., or LLC)			
(If name mayarlable, enter alternate i	iame adopted for the purpose of transacting business in Fk	onda. The altern	ate name most include "I mitted I lability Compan	y ""E E C," or "I	il ch	
Georgia			86-2167760 3.			
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FE: munber, if applicable)			
.1.	(Date first transacted business in Florida, if prior to t (See sections 605 0903 & 605 0905, F.S. to determine	registration) ne penalty habil	rts)			
3772 Pleasantdale Road, Suite 165			3772 Pleasantdale Road, Suite 165			
5. (Street Address of Principal Office)		0	(Mailing Address)		•	
Atlanta, Georgia 30340			Atlanta, Georgia 30340			
7 Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	201	-	
			•	2 AVIA 16707		
Name:	Roland K. Weekley			23		
Office Address:	c/o Smith, Gambrell & Russell, LLP			프	-	
	50 N. Laura Street, STE 2600, Jackson	iville	32202 . Florida	2: 24	نمس.	
	(Cuv)		(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:	<u>Title or Capacity:</u>	Name and Address:
□Manager	Name:	≣Manager	Name: Catharine N. Schoettle
■Member	Address: 3772 Pleasantdale Road	□Member	Address: 3772 Pleasantdale Road
□Authorized	STE 165, Atlanta, Georgia 30340	□Authorized	STE 165, Atlanta, Georgia 30340
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	
		<u> </u>	N
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	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.

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.

Catharine N. Schoettle

Signature of an authorized person

Exped or printed name of signee

Control Number: 18114647

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