

F150000005587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

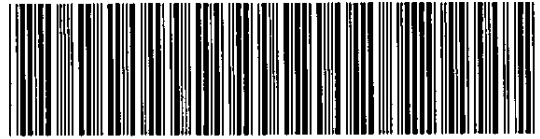
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEC 17 2015
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GVAOI Fifth and Lenox GP, Inc.

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GVAOI Fifth an Lenox GP, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tom Dotzenrod

Name of Person

Firm/Company

3390 Peachtree Road NE, Suite 1200

Address

Atlanta Georgia 30326

City/State and Zip code

Tom Dotzenrod <tdotzenrod@goddard-group.com>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Dotzenrod

404

442-5530

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. GVAOI Fifth and Lema GP, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 10/21/15 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3390 Peachtree Road NE Suite 1200, Atlanta, Georgia 30326
(Principal office address)

_____ (Current mailing address, if different)

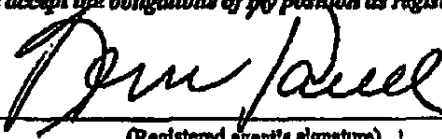
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kenn Powell

Office Address: 18001 Old Cutler Road, Suite 552

Palmto Bay, Florida 33157
(City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert C. Goddard, III
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

Vice Chairman: _____
Address: _____

Director: Russell F. Read
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

Director: Thomas K. Dotzenrod
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

B. OFFICERS

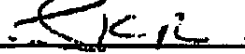
President: Robert C. Goddard, III
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

Vice President: Thomas K. Dotzenrod
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

Secretary: John I. Ratliff
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

Treasurer: Michael B. Anderson
Address: 3390 Peachtree Road, NE, Suite 1200, Atlanta, Georgia 30326

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true 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.

13. Thomas K. Dotzenrod Vice President
(Typed or printed name and capacity of person signing application)

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**ADDENDUM TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

Additional Officers for Section 11B:

Vice President

**Stephen W. DeVinney
3390 Peachtree Road, NE, Suite 1200
Atlanta, Georgia 30326**

Vice President

**Paul M. Freudenstein
3390 Peachtree Road, NE, Suite 1200
Atlanta, Georgia 30326**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED



**Thomas K. Dotzenrod
Vice President**

Control Number : 15100081

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, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GVAOI Fifth and Lenox GP, Inc.

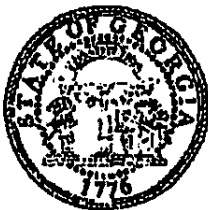
a Domestic Profit Corporation

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	: 12240109
Date Ino/Auth/Filed	: 10/21/2013
Jurisdiction	: Georgia
Print Date	: 12/16/2013
Form Number	: 211



B. P. Kemp
Brian P. Kemp
Secretary of State