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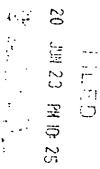
(Re	questor's Name)				
(Ad	dress)				
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(Cit	ry/State/Zip/Phone #	‡)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to	Filing Officer:				
		J. J. J. C.			

Office Use Only



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COVER LETTER

_	tration Section ion of Corporations						
SUBJECT:	Beers Housing, Inc.						
SUBJECT	N:	ame of corporation	on - musi	t include suffix			
Dear Sir or M	adam:						
"Certificate of	"Application by Foreig f Existence," or "Certif ced foreign corporation	icate of Good St	anding" a	and check are subn			1
Please return	all correspondence con-	cerning this matt	ter to the	following:			
James Davis							
		Name o	of Person				
1st United CRS	S, LLC						
		Firm/Co	ompany				
4211 Capital C	lirele NW						
		Ado	dress				
Tallahassee, Fl	L 32303					20	
		City/State	and Zip	code	- 1	بيا	
cc@uniteders.c						! 2:	; -
	E-mail ad	dress: (to be used	d for futu	re annual report no	otification)	- 30	177
For further information concerning this matter, please call:		÷,	Ģ ₩	J			
James Davis		at (850	322	2-7117	: -	25	
Name	e of Person	Area Co	ode	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	~		□ \$78.7	FATE 75 Filing Fee & fied Copy	S87.50 Fil Certificat Certified	e of Si	

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.

Beers Housing,	Inc.					
	corporation; must include "INCORPORATED. Corp.," "Inc.," "Co.," or "Corp.")	" "COMPANY," "CORPORATIO	"NC			
Beers Housing	of Georgia, Inc.					
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing busines	s in Flo	rida)	
2. GA	3	26-3736376				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4. 11/18/2008	5.	Perpetual				
(Date of incorporation) (Date of duration, if other			r than perpe	etual)		
6. Upon Registrat	ion					
·	,	n Florida, if prior to registration)			_,	
200 t 11: 5:	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liab	ility)			
7. 608 Mauldin Dri	ve, Woodstock, GA 30188					
	(Principal off	ice <u>street</u> address)				
			t :	20		
	(Current maili	ng address, if different)	;	<u></u>	····	
8. Name and stre	et address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)	-	23		
Name:	1st United CRS, LLC			콮	S	
Office Address	4211 Capital Circle NW		. 1	<u></u>		
Office Address:	Tallahassee	32303	ŗ	25		
	(City)	, Florida (Zip code)				
	(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.

A. DIRECTORS HEATHER BURT □ Chairman □ Chairman Name: 608 MAULDIN DRIVE □Vice Chairman Address: _ □ Vice Chairman Address: WOODSTOCK, GA 30188 □ Director □ Director □President □President ☐ Vice President ☐ Vice President □ Treasurer ■ Secretary □ Treasurer □ Secretary □Other _____ □Other _____ ☐ Other _____ □ Chairman □ Chairman Name: Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director ☐ President □ President □Vice President ___ ☐ Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary ☐Other _____ □Other _____ ☐ Other _____ □ Chairman Name: □Chairman Name: ___ □ Vice Chairman Address: ☐ Vice Chairman Address: ___ □ Director □Director □President □President □Vice President ___ ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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. 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

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 of 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. Heather Burt



Control Number: 08086704

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

BEERS HOUSING, 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 : 19150459
Date Inc/Auth/Filed: 11/18/2008
Jurisdiction : Georgia
Print Date : 05/20/2020

Form Number : 211



Brad Raffonsperger