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SEP 17 2021

M. SOLOMON

COVER LETTER

	stration Section				
	•	TIES OF ATHENS, INC			
SUBJECT		Name of corpora	ation - mu	st include suffix	
Dear Sir or N	Лаdam:				
"Certificate of	of Existence," o	y Foreign Corporation r "Certificate of Good poration to transact bu	Standing"	and check are sub-	t Business in Florida." nitted to register the
Please return	all corresponde	ence concerning this m	atter to the	e following:	
ROBERT S. S	SCOTT				
	<u>.</u>	Nam	e of Perso	n	
RAC PROPE	RTIES OF ATHI	ENS, INC.			
	<u> </u>	Firm/	Company		
149 BEN BUI	RTON CIRCLE				
		۶۰	ddress		
BOGART, G	A 30622				
		City/Sta	ate and Zip	p code	
ROB@RACP	ROPERTIES.CC				
	E	-mail address: (to be u	sed for fut	ure annual report n	otification)
For further in	nformation conc	erning this matter, plea	ase call:		
DIANA M. C	OLE	at (50)	424-3618	
Nan	ne of Person	Area	Code	Daytime Teleph	ione Number
Regi Divis The (2415	EET/COURIE stration Section sion of Corpora Centre of Tallal N. Monroe Str thassee, FL 321	tions nassee eet. Suite 810		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
	heck payable to:	ollowing amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE .75 Filing Fee & titled Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

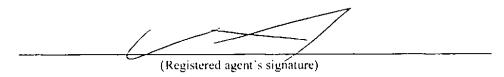
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(II name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	usiness in Florida)		
GEORGIA	3.	721566214			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
3/25/2010	5	(Date of duration, if other than			
(Date of incorporation)		(Date of duration, if other than	perpetual)		
	(Date first transacted business in Florest FORE SECTIONS 607 1501 & 607 1502	orida if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.1502.	F.S., to determine penalty liability)			
49 BEN BURTO	ON CIRLCE, BOGART, GA 30622				
	(Principal office s	treet address)			
			. <u>.</u>		
	(Current mailing a	ldress, if different)			
Name and stree	<u>et address</u> of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	υ <u>έ</u> ,		
Name:	WILLIAM L. KETCHERSID		ાં લોકો		
Office Address:	4014 COMMONS DRIVE WEST, SUITE 100		STATE OF DISTRIBUTED AND STATE OF THE STATE		
	DESTIN		जलं ह		

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.



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. DIRECTURS						
□Chairman	Name:	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	BOGART, GA 30622	□Director				
□President		□President				
∐Vice President		□Vice President		 		
□ Secretary	□ Treasurer	□ Secretary		□Treasurer		
CEO Other	□Other	Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President			٠.:	
☐ Secretary	☐Treasurer	☐ Secretary		Treasurer		SEP
Other	□Other	□Other		□Other	<u> </u>	5 A
□Chairman	Name:	□Chairman	Name:		7.0.5 2.5.5 3.5.5	_ ` . ₽
□Vice Chairman	Address:	□Vice Chairman			•	
Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	□Other	□Other		□Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when thing your Flyrid Dep	e attachment will be image artment of State Annual Re	port form.			
	ctor signing this document (and who is listed in nalse information submitted in a document to the I.	umber 11 above) affirms th	at the facts sta	ted herein are true	e and tha	it he or
1.7	ROBERT S. SCOT	Т				

(Typed or printed name and capacity of person signing application)

Control Number: 10022702

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RAC PROPERTIES OF ATHENS, 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 : 21835922 Date Inc/Auth/Filed: 03/25/2010 Jurisdiction : Georgia Print Date : 09/13/2021 Form Number : 211



Brad Raffersperger

Brad Raffensperger Secretary of State