# F24000002024

(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	Entity Name)	
(Document Number)		
Certified Copies C	ertificates of Status	
Special Instructions to Filing O	fficer:	





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# · CT CORP

### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#120160000072

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04/15/2024

Date:

Name:	Dav	Davie Business Center Owners' Association, Inc.			
Document #:					
Order #:	154	95416			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
Certified Copy of					
Apostille/Notarial Certification:			Country of Destination:  Number of Certs:		
Filing: 🗸		Certified:		Email Address for Annual Report Notifications:	
		Plain: COGS:	<b>✓</b>	sal. hernandez Didilogistics .com	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#		Amount: \$	70.00		

Thank you!

## **COVER LETTER**

TO:	gistration Section vision of Corporations				
SURI	ECT: Davie Business Center Owners' Association, Inc.				
5000	Name of Corporation – must include suffix				
Dear S	ir or Madam:				
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.				
Please	return all correspondence concerning this matter to the following:				
	Jan R. Ezell, Corporate Paralegal				
	Name of Person				
	Alston & Bird LLP				
	Firm/Company				
	1201 West Peachtree Street				
	Address				
	Atlanta, GA 30309-3424				
	City/State and Zip Code				
	sal.hernandez@idilogistics.com				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Jan R	Ezell 404 881-7442				
	Name of Person Area Code Daytime Telephone Number				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810				
Please	Tallahassee, FL 32303 sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE				
<b>⊠</b> \$70	0.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee &\Bigcup \\$78.75 Filing Fee &\Bigcup \\$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy				

#### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	ge as will clearly indicate that it is a corporation in esent. "Company" or "Co." may not be used as a c		
(If name unava	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting busines	s in Florida)
Georgia	3, 99	-2461245	
(State or cour	3. 99 try under the law of which it is incorporated)	(FEI number, if applicable)	
4/2/2024	5.		
(D	ate of Incorporation) 5.	(Date of duration, if other than perp	ietual)
(Date first cond)	icted affairs in Florida if prior to registration. See sec-	tions 617 1501 & 617 1502 F.S. to determin	e penalty liability.)
			,
1197 Peachtree	Street NE, Suite 600, Atlanta, GA 30361		
	(Principal office <u>s</u>	itreet address)	
1197 Peachtree	Street NE, Suite 600, Atlanta, GA 30361		
11777 Cacillico	(Current mailing add	lress, if different)	
	, ,		
property owner	er' accognition		2021 A S
(Purposels) of o	orporation authorized in home state or country to t	he carried out in the state of Florida)	
(ruipose(s) or e	orporation authorized in nome state or country to	Se carried out in the state of Frontal,	7 1 :
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		Box NOT acceptable)	_ <del></del> ·
			<b>ഡ</b>
Name:	C T Corporation System		
Name.	C T Corporation System 1200 South Pine Island Road		بب
Office Address:	1200 South File Island Road	22224	:: :::::::::::::::::::::::::::::::::::
	Plantation (City)	Florida 33324 (Zip Code)	C,
	(City)	(Zip Code)	
0 Registered	agent's accentance		
laving been na lesignated in th jurther agree to	agent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rel ir with and accept the obligations of my posit	ent as registered agent and agree to act ative to the proper and complete perfor	in this capacity. I
laving been na lesignated in th urther agree to	med as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rel	ent as registered agent and agree to act ative to the proper and complete perfor	in this capacity. I

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) totall:

A. DIRECTOR	(See attached)	<b>-</b>	N.
□Chairman	Name:		Name:
☐ Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		☐ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	☐ 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:	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:	Other:
Non-indexed indi	(Signature of Chairman, Vice Chairman, or	g your Florida Department (	of State Annual Report form.
14. Nick Faber,	President  (Typed or printed name and capacit	y of person signing applicat	ion)

# ATTACHMENT TO APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA FOR

#### DAVIE BUSINESS CENTER OWNERS' ASSOCIATION, INC.

#### 12. Names and addresses of officers and/or directors:

#### A. DIRECTORS

Director:

Nick Faber

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Director:

Mona Hand

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Director:

Feven Teckie

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Director:

Pat Kersey

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

#### B. OFFICERS

President:

Nick Faber

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Vice President:

Mona Hand

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Treasurer:

Feven Teckie

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Secretary:

Pat Kersey

Address:

1197 Peachtree Street NE, Suite 600

Atlanta, GA 30361

Control Number: 24073598

# STATE OF GEORGIA

# Secretary of State

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

#### CERTIFICATE OF EXISTENCE

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

#### Davie Business Center Owners' Association, Inc. a Domestic Nonprofit 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 : 27238064 Date Inc/Auth/Filed: 04/02/2024 Jurisdiction : Georgia Print Date : 04/15/2024

Form Number : 211



Brad Raffenspager

Brad Raffensperger Secretary of State