Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	To:		
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۵_	. 5	Fax Number	: (850)617-6381
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	From:		
-	_	Account Name	: COMPUTERSHARE
3		Account Number	: 110432003053
		Phone	: (561)694-8107
2023	-	Fax Number	: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 1278B SRP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu

Corporate Filing Menu

Help

1278B SRP LLC	
(Must contain the words "Limited Liabii	lity Company, "L.L.C.," or "LLC.")
CLE II - Address:	
miling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3014 N. S. D., 11170, D 1	3814 North Druid Hills Road
3814 North Druid Hills Road	
Decatur, GA 30033	Decatur, GA 30033

The name and the Florida street address of the registered agent are:

Corporate Creations Network Inc.		
	Name	
801 US Highway I		
Florida street address	(P.O. Box NOT ac	cceptable)
North Palm Beach	FL	33408
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Ada Lopez Jade Lopez, special secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)



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The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Sterling Real Property LLC
	Sterling Real Property LLC 3814 North Druid Hills Road Decatur, GA 30033
	Decada, GA 30033
(If an effective date is listed, the date must be the date of filing.)	e date of filing:
ARTICLE VI: Other provisions, if any.	nem of State a records.
REQUIRED SIGNATURE:	,
Sinda	a member or an authorized representative of a member.
This document is e. I am aware that any	xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. I false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
Jade Lopez.	Attorney-in-Fact

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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