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TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Town (Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bur Florida," Certificate of Existence, and check are submitted to register the above referenced foreign I liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:	04	SIAIO
Elia Fras (Name of Person)	W 61 A0N	CRETARY OF COR
Tourdation Francis (1000, LL (Firm/Company)	AH 10: 00	STATE PORATIONS
100 Gullevia PK-1 Ste MOO (Address)		
Atlanta, GA 30139 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Pli ISOU (at (776) 226.5880 (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certificate Of Status		Гору

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
V. Foundation (Name of Foreign Limited Liability Company)
12 Geof cla 3. 57 1193906
(Jurisdiction under the law of which foreign limited liability company is organized) 4: 1/26-3 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6 Dr. 15 2004
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)
7. 100 Gellera Play Sk (YOU 3)
Atlanta 6A 18339 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Elias Isaac con bolleria prox the 1400 Atlanta 50303399, Paul Scott
100 bollers play de 1800 Atlante 6 x 30379. Kris Williams Ton Gentles x. px
Sk 1900 Atlander 69 30339; Myke Cantey 205 wher Street ste Door Inckom ile 12202
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Malage Rankel
302
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
- Foundation Financial Grosp WC	
2. The name and the Florida street address of the registered agent and office are:	OIVIS
Mike Contex	
(Name)	95 CC
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE PREDRATIONS AM IQ: 00
Jackson wille FL J2807	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0364739 DATE INC/AUTH/FILED: 12/01/2003 JURISDICTION : GEORGIA PRINT DATE : 10/13/2004 FORM NUMBER

FFG ELIAS ISAAC 100 GALLERIA PKWY STE 1400 ATLANTA, GA 30339

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the Spate of Georgia, do hereby certify under the seal of my office that as of the above print date

A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions

of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation of any other similar document with the Office of the Secretary of State Office of the Sectetary of State!

This certificate relates only to the legal existence of the above-named entity as of the print date above. 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 医自己的生物的毒 the Secretary of State. \$\frac{1}{2} \frac{1}{2}

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

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Cathy Cox Secretary of State