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SECRETARY OF STATE ALLAHASSEE, FLURIOA

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### TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Diedrich LLC		
(Name of Limi	ited Liability Company)	
	bility Company for Authorization to Transact Busing bmitted to register the above referenced foreign limits	
Please return all correspondence concerning this m	atter to the following:	
Howell Hollis, III		
(Nar	me of Person)	
Smith Moore LLP		
(Fir	m/Company)	
1201 West Peachtree Street, Suite 3700		
	(Address)	
Atlanta, Georgia 30309		
(City/Sta	ate and Zip Code)	
For further information concerning this matter, plea	ase call:	
Howell Hollis, III	_at (404 ) 962-1038 TAKE 25	السائحة
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRÉSS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

☑ \$130.00 Filing Fee & □ \$ Certificate of Status

□ \$125.00 Filing Fee

☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

Status Certified Copy of Status & Certified Copy

## 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;

1.	Diedrich LLC				
	(Name of Foreign Limited	l Lia	bility Company)		
2	Georgia	3	54-2071730		
	(Jurisdiction under the law of which foreign limited liability company is organized)	,	(FEI number, if applicable)		
4	09-06-02	5	Perpetual		
	(Date of Organization)	٦.	(Duration: Year limited liability company exist or "perpetual")	will cea	ase to
6.	(Day East control begins in I	71	de 16 de la constantida y		
	(Date first transacted business in I (See sections 608.501 & 608.502 F.	S. t	da, it prior to registration.)  determine penalty liability)		
7.	8 Brookhaven Drive				
	Atlanta, Georgia 30319				
	(Street Addres	s of	Principal Office)		
8.	If limited liability company is a manager-manage	d c	ompany, check here		
9.	The name and usual business addresses of the ma	nag	ing members or managers are as fol	lows:	
	Richard J. Diedrich, 8 Brookhaven Drive, Atlanta, Ge	orai	a 30319		
			_		
				. ~	
10.	Attached is an original certificate of existence, no more than 90	) đạ	ئے ۔۔۔ Sold, duly authenticated by the official having	s angog	vofi <b>erani</b> si
	jurisdiction under the law of which it is organized. (A photoco	•			
	nslation of the certificate under oath of the translator must be sul		4 5 03		
				ထ	
11	. Nature of business or purposes to be conducted of	or p	promoted in Florida: Architecture	U	
			URA RA	ΐ̈̀	
	-((			- GT	<del></del>
	Turnet J.	X	sul.	-	
		F.S.	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)		
	Richard J. Diedrich				
	Typed or printe	d n	ame 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 Comp	pany is:					
Diedrich LLC							
2. The name	and the Florida street address	of the registered agent and office are:					
	CT Corporation System						
	(Name)						
	1200 South Pine Island Road						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation	F <u>L</u> 33324	<del></del>				
		City/State/Zip					
liability comp agent and agr relating to the	oany at the place designated in t ree to act in this capacity. I furt e proper and complete performa	to accept service of process for the above his certificate, I hereby accept the appoint the agree to comply with the provisions of the agree to comply with the provisions of the agree of my duties, and I am familiar with a provided for in Chapter 608, Florida Allan Farnell, Assistant Vice President  Filing Fee for Application Designation of Registered Agent	tment as registered of all statutes and accept the				

\$ 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 : 0245561
DATE INC/AUTH/FILED: 09/06/2002
JURISDICTION : GEORGIA
PRINT DATE : 01/07/2005
FORM NUMBER : 211

SMITH MOORE LLP HOLLY PALMER 1201 WEST PEACHTREE STREET SUITE 3700 ATLANTA, GA 30309

#### CERTIFICATE OF EXISTENCE

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

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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 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 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 the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signature and Title 14 of the Official Code of Georgia Annotated and is prima-facie wildence that said entity is in existence or is authorized to transact business in this start.

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Cathy Cox Secretary of State