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#### **COVER LETTER**

TO:	Registration Section
	Division of Compositions

iability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Jostua A. Williams
(Name of Person)
Escrow PROSUC
(Firm/Company)
403 Bankhead Avenue
(Address)
Carroll-ton, GA 30117 (City/State and Zip Code)
(City/State and Zip Code)

For further information concerning this matter, please call:

MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

P.O. Box 6327

Tallahassee, FL 32314

□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate ☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & of Status & Certified Copy Certificate of Status Certified Copy

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

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Typed or printed name of signee	Joshua A. Williams	
	Typed or printed name of signee	₹S 5

# 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.

ESCROW PROSUC
2. The risme and the Florida street address of the registered agent and office are:
_CT Corporation System
1200 South Fine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)
Financia Speed Auditor (FRA DOX 1001 NEED) ANAS)

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 stanutes relating so 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 Sausses.

MARY R. ADAMS
ASSISTANT SECRETARY

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECREPAIR STATE

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

CONTROL NUMBER : 0533262
DATE INC/AUTH/FILED: 05/05/2005
JURISDICTION : GEORGIA
PRINT DATE : 01/27/2006
FORM NUMBER : 211

CT CORPORATION SYSTEM TRRENCE HARDLEY 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

I. Cathy Cox. the Secretary of State of the State of Georgia, do hereby certify under the seal of my office the appropriate date ~ Zecesm-Prof. Ll.d

is in compliance with the applicable filing and annual registration provisions

Said entity was formed in the junisdiction apared above or was authorized to transact business in secreta on the above the and has not filed articles of dissolution, certificate of tables latter or an other similar document with the Office of the Setretary of Sate.

This certificate telates 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 withdrawd, a statement of commencement of winding up or any other similar document has been tiled or is pending with the Secretary of State.

issued and certified in This information is accordance with the Georgia Electronic and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-tacie evidence that said entity is in existence or is authorized to transact business in this state.

20060127161703937



Secretary of State