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SECRETARY OF STATE
TALLAHASSEE, FLORITA

COVER LETTER

TO: Registration Section Division of Corporations

		MTE, LLC Limited Liability Company)	
Florida," Certifica		l Liability Company for Author re submitted to register the about a	
Please return all co	orrespondence concerning th	is matter to the following:	1A1 18 18
	TIMOTHY	C. KNIGHT	CR SF
		(Name of Person)	TALLAHASSEE. FLORIDA
	TRIVEST A	(EAL ESTATE, LLC	FF D D
		(Firm/Company)	3: 25 ORID
	3566 N	NILL ROAD	•
		(Address)	
•	GAINES	114E, GA 30504	the state of the s
	(Cit	y/State and Zip Code)	
For further inform	ation concerning this matter	, please call:	
ナル	OTHY C. KNIGHT	at (770) 60/ (Area Code & Daytim	-8919
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
MAILING	ADDRESS:	STREET ADDRESS:	
	f Corporations	Division of Corporations	
P.O. Box 6		Clifton Building	
Tallahasse	e, FL 32314	2661 Executive Center C Tallahassee, FL 32301	ircie
Enclosed is a chec ☐\$125.00 F		te & \$\sumsymbol{\sum}\simsymbol{\sum}\simsymbol{\sum}\simsymbol{\sum}\sim\simsymbol{\sum}\simsymbol{\sum}\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim	\$160.00 Filing Fee, Certificate 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. TRIVEST REAL ESTATE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") STATE OF GEORGIA

(Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) 4. TANVAY 11, 2006 (Date of Organization) 5. PERPETURE

(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 3566 MILL ROAD GAINESVILLE, GA 30504
(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 TIMOTHY C. KNIGHT 3566 MILL RUAD GAINESVILLE, EA 34504

THINET G. SPORT 102 ENT BROAD ST. NEWNAN, 6A 30263 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 translator must be submitted.)

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.

If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		_
IncorpServices, Inc.	2001 SEP SECRETI ALLAHA	71
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ARY OF S	M
Loxahatchee FL 334770	3: 26 STATE JORIDA	Sec.
' City/State/Zip		

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)

Machael Allery Jewis Level 1.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 0605981

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TRIVEST REAL ESTATE, LLC.

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/11/2006 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of August, 2007

Karen C Handel Secretary of State

Kaun C. Handel

Certification Number: 1613490-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp