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(Fi	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
ALL AHASSEE, FLORIC

D. BRUCE

OCT 26 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Three Putt Investments	
Nam	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this mat	ter to the following:
- · · · · · · · · · · · · · · · · · · ·	
Brad Wilson	
, ·	Name of Person
Three Putt Investments, LL	.C
	Firm/Company
8301 Fortson Road	
	Address
Fortson, GA 31808	
	City/State and Zip Code
	,
bwilson@servicemaste	erclean.net 🔑 🚅 👊
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please	e call:
To future information concerning this matter, preas-	S N
Brad Wilson	706 \569-0801
Name of Person	Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime relephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a check for the following amoun	ıt·
\$125.00 Filing Fee \$\int\$\$\\$130.00 Filing Fee	
Certificate of State	Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT RESIDESS. IN THE STATE OF FLORIDA:

1. Three Putt Investments, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. State of Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 52-2378069 (FEI number, if applicable)
4. September 23, 2002 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 8301 Fortson Road
Fortson, GA 31808 (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:
Brad Wilson 8301 Fortson Road, Fortson, GA 31808
Steve Morgan 8301 Fortson Road, Fortson, GA 31808 Jeff Wilson 8301 Fortson Road, Fortson, GA 31808
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.)
11. Nature of business or purposes to be conducted or promoted in Florida: rental property
Papel
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155. F.S.)

Typed or printed name of signee

Brad Wilson

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:		
Three Putt Investments, LLC	· · · · · · · · · · · · · · · · · · ·	
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: Servicemasker of Leon CO., True. (Name)	10 OCT 25 SECRETARY SALLAHASSE	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32303 City/State/Zip	PM \$ 18 OF STATE E. FLORIDA	

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)

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, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

THREE PUTT INVESTMENTS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 09/24/2002 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 6th day of October, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 6181400-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp