# M110000027607

(Re	questor's Name)		
(Ad	dress)		
,	dress)	· .	
(Au	arcas)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to I	Filing Officer:		
,			
WHOUDE	20121	j	
MITANA	4494		

Office Use Only



000207554190

05/25/11--01019--012 \*\*130.00

IN MAY 31 AM 9: 81

D. BRUCE

JUN 01 2011

**EXAMINER** 



Division of Corporations

May 26, 2011

AARON J. KOWAN, ESQ. 1600 PARKWOOD CIRCLE, SUITE 400 ATLANTA, GA 30339

SUBJECT: NORTHPORT ARGENTAVIS, LLC

Ref. Number: W11000029126

We have received your document for NORTHPORT ARGENTAVIS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 911A00013060

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NORTHPORT ARGENTAVIS, LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
AARON J. KOWAN, ESQ.		
Name of Person		
TAYLOR ENGLISH DUMA LLP		
Firm/Company		
1600 PARKWOOD CIRCLE, SUITE 400	31 AM	
Address	ö	Ö
ATLANTA, GA 30339	<u>000</u>	
City/State and Zip Code		
akowan@taylorenglish.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jill Garrison at (678 ) 336-7254		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\int_{125.00 \text{ Filing Fee}} \int_{230.00 \text	ate	,

## 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. NORTHPORT ARGENTAVIS, LLC (Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpoconsent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
2. Georgia  (Jurisdiction under the law of which foreign limited liability company is organized)	3(FEI number, if applicable)
4. <u>05/11/2011</u> (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. not applicable  (Date first transacted business in FI	orida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. 831 Fairfield Road NW	SSE SSE
Atlanta, GA 30327 (Street Address	of Principal Office)
8. If limited liability company is a manager-managed	_ <del>p</del> ri _
9. The name and usual business addresses of the man	naging members or managers are as follows:
Matthew Middelthon, 831 Fairfield Road NV	V, Atlanta, GA 30327
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under eath of the translator must be substituted.)	• • • • • • • • • • • • • • • • • • • •
11. Nature of business or purposes to be conducted o	r promoted in Florida: Any and all lawful business.
	athorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are tr	cution of this document constitutes an affirmation under the ue. 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 s.817.155, F.S.)

Typed or printed name of signee

Aaron J. Kowan

# 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 o	of the Limited Liability Company is:			
Northport	t Argentavis, LLC		<u> </u>	
If unavailable,	t, the alternate to be used in the state of Florida is:			
2. The name a	and the Florida street address of the registered agent a	nd office are:	TH MAY (	Garden Co
	Mr. Glen Blauch	SSEE	<u> </u>	
	(Name)	27 TH	₹	
	14710 Tamiami Trail North, Suite 101	ORDA TABLE)	Coo	Annal No.
	Florida Street Address (P.O. Box NOT ACCEPT	(ARLE)		
	Naples <sub>FL</sub> 34110			
	.City/State/Zip			

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)

Control No. 11037027

# 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

#### NORTHPORT ARGENTAVIS, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 05/11/2011 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 31st day of May, 2011

B:Ph

Brian P. Kemp Secretary of State

Certification Number; 7519853-1 Reference: northport argentavis Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp