M1200000 4218

(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies C	Certificates of Status	
Special Instructions to Filing C	officer:	

Office Use Only



700237721417

07/25/12--01020--012 **125.00

12 JUL 25 AHTH: 10

JUL' 2 6 2012

T. HAMPTON

COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Limited Liability Company
	Liability Company for Authorization to Transact Business in Florida," Certific the above referenced foreign limited liability company to transact business in F
return all correspondence concerning th	is matter to the following:
Edward Z. Barber	
	Name of Person
CRE Capital Partners	
	Firm/Company
4480-H South Cobb	Drive - Suite 160
	Address
Smyrna, Georgia 30	080
	City/State and Zip Code
ezb@crecapitalpa	rtners.com ess: (to be used for future annual report notification)
ther information concerning this matter	
uici information concerning this mater	
Edward Z. Barber	at (770) 944-7765
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301
sed is a check for the following a	amount:
\$125.00 Filing Fee \$130.00 Fili	

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.	UBOCC, LLC		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	")	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a cornsent of the managers or managing members adopting the alternate name. The alternate name must include "Limit impany," "L.L.C," "LLC.")		
2.	Georgia 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		_
	company is organized)		
4.	July 13, 2012 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will of exist or "perpetual")	ease to)
6	N/A		
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	12	N.S.
7	4480-H South Cobb Drive, Suite 160, Smyrna, Georgia 30080		
1.		25	- 15년 - 15년 - 1
	(Street Address of Principal Office)	=	- 왕숙조
^	· · ·		55.5 25.5
8.	If limited liability company is a manager-managed company, check here	10	20.5
9.	The name and usual business addresses of the managing members or managers are as follows:		())
	Edward Z. Barber, 4480-H South Cobb Drive, Suite 160, Smyrna, Georgia 30080)	
			
			_
	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo		
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang rislation of the certificate under oath of the translator must be submitted.)	uage, a	Į.
	,	200	
11	. Nature of business or purposes to be conducted or promoted in Florida: Any lawful business	500	
	or activity under the laws of this state.		_ '
	affirst a hul		
	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 it		
	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

Edward Z. Barber

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	he Limited Liability Company is:	
UBOCC, LL	.C	
lf unavailable, the	e alternate to be used in the state of Florida is:	
2. The name and	the Florida street address of the registered agent and office ar	e;
p.	aracorp Incorporated	
4000	(Name)	
23	36 East 6th Avenue	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	***************************************
Ţ	Tallahassee, FL 32303	
	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.

Ninh Ho, Asst. Secretary
(Signature)

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

12 IIII 25 AHII: 10

Control No. 12057517

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive 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

UBOCC, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 07/13/2012 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 23rd day of July, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9222878-1 Reference: 996.81B

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp