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SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE
NOV 0 6 2012
EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Tharpe Structural Design Group, LLC

Name of Limited Liability 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:

Michael Cody Tharpe, P.	E.			
	Name of Person			
Tharpe Structural Design	Group, LLC			
	Firm/Company			
1020 Bryan Woods Loop				
	Address			
Savannah, GA 31410				
	City/State and Zip Code	SE SE		
cody@tharpestructural.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	•	ORETARY OF		
Michael Cody Tharpe	at (912) 349-7603	DF STAT		
Name of Person	Area Code & Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,		
Enclosed is a check for the following amount \$125.00 Filing Fee \$\$130.00 Filing Fe Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee.			

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. Tharpe Structural Des (Name of Foreign Limited		include "Limited Liability Company,"	"L.L.C.," or	"LLC."	')	
		urpose of transacting business in Florid alternate name. The alternate name mu				
2. Georgia		3, 45-1464267				
(Jurisdiction under the law of w company is organized)	nich foreign limited liabili	ity (FEI number, if a	pplicable)			
4. 04/03/2011		5. Perpetual				
(Date of Organiz	ation)	(Duration: Year limited liability exist or "perpetual")	ty company	will cea	ise to	
6. N/A			i.	SE SE	73	
(Date	first transacted business in tions 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)		J. CREI	NON	
_{7.} 1020 Bryan Woods l	oop, Suite 2			ARY SSI	Ç.	FILED
Savannah, GA 31410				FIG. P.	PH	<u>m</u> =
	(Street Add	ress of Principal Office)	*	是艺	±_ — ;}	
8. If limited liability compar	y is a manager-mana	ged company, check here 🗹		Şm	ယ	
9. The name and usual busin	ess addresses of the n	nanaging members or managers a	are as foll	ows:		
Michael Cody Tharpe,	P.E.					
1020 Bryan Woods	Loop, Suite 2					
Savannah, GA 314	10					
	ch it is organized. (A photo	n 90 days old, duly authenticated by the of ocopy is not acceptable. If the certificate is submitted.)				rds in
11. Nature of business or pur	poses to be conducted	d or promoted in Florida: Struc	tural en	gineer	ring	
consulting services.		\supset_2				
	M Ada	th				
-	17	authorized representative of a m				
•		execution of this document constitutes an after true. I am aware that any false inform				

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

Michael Cody Tharpe

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 th	e Lim	ited	Liab	ility	Company	is:
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Tharpe Structural Design Group, 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:

ROA POCETS
(Name)

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Panama City, FL 32408
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. 11026705

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

THARPE STRUCTURAL DESIGN GROUP, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 04/03/2011 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 25th day of October, 2012

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 9388817-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp