# M13000002099

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

Office Use Only



600242993276

13 APR -3 PM 4: 11

2013 APR -3 AM 8: 40

TEED

J. SAULSBERRY EXAMINER

APR 4 2013



ACCOUNT	NO. :	12000000195		
REFERE	INCE :	588879 7931592		
AUTHORIZAT	CION :	\$ 125.00	an .	
COST LI	MIT :	\$ 125.00		_
ORDER DATE : March 28, 20	13			
ORDER TIME : 2:52 PM				
ORDER NO. : 588879-001				
CUSTOMER NO: 7931592				
FOREI	GN FILI	<u>NGS</u>		
NAME: T. MAC WI	LDER & A	ASSOCIATES,	2013 APR - SECCEPAL FALL AMAS	
XXXX QUALIFICATION (TYP)	E: <u>LL</u> )		-3 AM E	
PLEASE RETURN THE FOLLOWING	G AS PRO	OOF OF FILING:	7640 3171 9181	-
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD		ING		
CONTACT PERSON: Susie Knig	ght I	EXT# 52956		
	ī	· EXAMINER •		

## 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 RESIDENS. IN THE STATE OF FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TI	IE STATE OF FLORIDA:		•
1 T. MAC WILDER & ASSOCIATES, LLC			
(Name of Foreign Limited Liability Company; must incl	ide "Limited Liability Comp	pany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")			
2. Georgia	3. 54-2076357		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI numb	er, if applicable)	
4. 10/03/2002	5. perpetual		
(Date of Organization)	(Duration: Year limited exist or "perpetual")	d liability company will ceas	se to
6. (Date first transacted business in F	and if what to maintention		***
(See sections 608.501 & 608.502 F.S	to determine penalty liability	ity)	
7. 1520 Ferry Lake Road, Tifton, GA 31794	· · ·		<del>- KJ</del>
•		三	2013 APR
(Street Addres	of Principal Office)		<del>- 1</del>
8. If limited liability company is a manager-managed	company, check here	다. 기 : 성공 유국	<b>ω</b> [
O The manner and consol bearings and described		acces on a fallowith	₹ !
<ol><li>The name and usual business addresses of the man</li></ol>		agers are as romowach	ထ
THOMAS M. WILDER, 1520 FERRY LAKE ROAD, T	FTON, GA 31794	<u> </u>	<del></del>
10. Attached is an original certificate of existence, no more than 9			
the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	- · -	rtithcate is in a foreign langua	age, a
	•	Athletic field	
11. Nature of business or purposes to be conducted of	r promoted in Florida:	The source of th	<del></del>
construction & renovation and sod installation			<del></del> -
Thomas	Willer		
Signature of a member or an a	thorized representative		
(In accordance with section 608.408(3), F.S., the exe penalties of perjury that the facts stated herein are to document to the Department of State constitute.	ne. I am aware that any false	information submitted in a	.)
Thomas M. Wilder			
Typed or printe	I name of signee	····························· <del>····</del>	

### 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 t	he Limited Liability C	ompany is:	
T. MAC WILDER	& ASSOCIATES, LLC		
If unavailable, th	e alternate to be used i	in the state of Florida is:	
2. The name and	the Florida street add	ress of the registered agent and office are:	<b>70</b>
	Corporation Service Cor	mpany	2013 APR - Cecaetae Allahass
-		(Name)	R-3
	1201 Hays Street		200
Florida Street Address (P.O. Box NOT ACCEPTABLE)			- 元素 <b>多</b>
	Taliahassee	32301	ATE LO
•		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.

Corporation Service Commany

Sue G. Knight

Assistant Vice President

\$ 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 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER

: 0250488 DATE INC/AUTH/FILED : 10/3/2002 12:00:00 AM

JURISDICTION : Georgia

PRINT DATE

: 4/3/2013 12:07:23 PM

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> T. MAC WILDER & ASSOCIATES, L.L.C. A Domestic Limited Liability Company

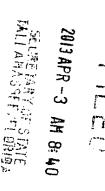
was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, 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.



Brian P. Kemp Secretary of State



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