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	istration Section ision of Corporations					
SUBJECT:	SG of Atlanta	, LLC				
SUBJECT.			d Liability Company		· -	
	t "Application by Foreign Lim ad check are submitted to regis					
Please return	all correspondence concerning	g this matter to the	following:			
	Brian W. Fu	ıltz				
,		N	ame of Person			
	SG of Atlan	ta, LLC				
		Fi	irm/Company		 	
	3429 Lakew	vind Way	1			
		·	Address)
	Alpharetta,	GA 300	05		SECRETA SECRETA	<u> </u>
		•	tate and Zip Code			
	brian.fultz@	sirgrout.	com		ARY () _ [[[
	E-mai	l address: (to be used	d for future annual report noti	ification)	<u> </u>	_
For further in	nformation concerning this mat	tter, please call:				
В	rian Fultz		407 72	22-2421	DE -	- J
	Name of Contact	Person	Area Code	Daytime Telephone Nur	nber	
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314	Divisio Registr Clifton 2661 E	n of Corporations ation Section Building xecutive Center Circle assee, FL 32301			
	-	g amount: .00 Filing Fee & ificate of Status	□ \$155.00 Filing Fee & Certified Copy	t □ \$160.00 Filing of Status & C	-	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 SG of Atlanta, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SG of Atlanta in Florida, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Georgia, United States (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 10676 Colonial Blvd Suite 40, #126 FORT MYERS, FL 33913 (Street Address of Principal Office) 6. 3429 Lakewind Way Alpharetta, GA 30005 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Brian Fultz -Carlos Nouche ~ 8. 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)

Signature of an authorized person

(In accordance with section 605.0203, 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 s 817.155, F.S.)

Brian W. Fultz

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 L SG of Atlanta, LL	• • •			_
If unavailable, the alternate to SG of Atlanta in I	be used in the state of Florida is: Florida, LLC			_
2. The name and the Florida street address of the registered agent and office are:		SECRE	2014 RPR	184 -5
Jason Banks		AS AS	t	, , , ,
	(Name)		9 3	
14416 Chicora Crossing Blvd		FLOG	<u></u> အ	£.,
F	Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE LORIDA	17	
Orlando	_{E1} 32828			

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 605, Florida Statutes.

City/State/Zip

(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 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: December 27, 2012 JURISDICTION

: 12100150

: Georgia PRINT DATE : April 04, 2014

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

SG OF ATLANTA, LLC 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.

B: 1.h Brian P. Kemp Secretary of State

Tracking #: VNalhWTF