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COVER LETTER

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TO:

TO: Registration Section Division of Corporations	
SUBJECT: CMO Compliance LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C Existence, and check are submitted to register the above referenced foreign limited liability company to transact business.	Certificate of ss in Florida
Please return all correspondence concerning this matter to the following:	
James V. Irving, Esq.	
Name of Person	
Bean Kinney & Korman, PC	
Firm/Company	
2300 Wilson Blvd., 7th Floor	
Address	201
Arlington, VA 22201	
City/State and Zip Code	24
jirving@beankinney.com	24 14
E-mail address: (to be used for future annual report notification)	습 교
For further information concerning this matter, please call:	<u>57</u>
Nannette M. Lewis703284-7291	
Name of Contact 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: \$\mathbb{Z}\$125.00 Filing Fee \$\mathbb{L}\$130.00 Filing Fee & Certificate of Status \$\mathbb{L}\$ Certified Copy \$\mathbb{L}\$ \$160.00 Filing Fee, Certified Copy \$\mathbb{L}\$ \$\math	

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:

CMO Compliance LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I	_C.," or "LUC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte iability Company," "L.L.C," or "LLC.")	rnate name must include "Limited
Georgia 3 45-3835632	
(Jurisdiction under the law of which foreign limited liability (FEI number, is company is organized)	applicable)
	4. 2
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	and the second
c/o Corporation Service Company	
1201 Hays Street, Tallahassee, FL 32301	
(Street Address of Principal Office) 110 Mansell Circle, Suite 205	5 C
Roswell, GA 30075	ğe <u>u</u>
(Mailing Address)	7
7. The name, title or capacity and address of the person(s) who has/have authority James Cotton, Manager, Stephen Humphris, Manager	_
Daryl Paton, Manager	
110 Mansell Circle, Suite 205, Roswell, GA 30075	
Attached is an original certificate of existence, no more than 90 days old, duly at aving custody of records in the jurisdiction under the law of which it is organized ecceptable. If the certificate is in a foreign language, a translation of the certificate tust be submitted) Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of a sware that any false information submitted in a document to the Department of State constitutes a third degree felony as	(A photocopy is not under oath of the translator
Daryl Paton	
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 Lin CMO Compli	<u> </u>	ompany is:	
If unavailable, the alter	rnate to be used in	the state of Florida is:	
			78 Z
2. The name and the F	lorida street addr	ess of the registered agent and office are:	LAHAOS
Cor	poration S	Service Company	E PAR
		(Name)	53 5
120)1 Hays St	reet	置 5
-	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	_
Talla	hassee	FL 32301	
		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 605, Florida Statutes.

Susan Custrom, asst. De.
(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: November 14, 2011

: 11085091

JURISDICTION : Georgia PRINT DATE : April 10, 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

CMO COMPLIANCE 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: P.h Brian P. Kemp Secretary of State