Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850) 222-1092

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company **Optio Property Managers LLC**

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Page Count	05
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Help

COVER LETTER

TO: Registration of Division of	n Section Corporations	
SUBJECT: Optio	Property Managers LLC Name of Limited Liability Company	
Existence, and check	cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida, are submitted to register the above referenced foreign limited liability company to transact business produces concerning this matter to the following:	Certificate of tess in Florida
	rio Spinella	
	Name of Person	2014
<u>O</u>	tio Property Managers LLC Firm/Company	三 2
22	Townpark Drive NW Address	O) ;
<u>Ke</u>	City/State and Zip Code	. eu
mß	@optio.us E-mail address: (to be used for future annual report notification)	•
For further informat	on concerning this matter, please call:	
Mario Spir	Name of Contact Person Area Code Daytime Telephone Number	
	Clifton Building	
Enclosed is a che	ck for the following amount: Fiting Fee \$\Bigcup \$130.00 \text{Fiting Fee & }\Bigcup \$155.00 \text{Fiting Fee & }\Bigcup \$160.00 \text{Fiting Fee, C} Certificate of Status & Certified Copy of Status & Certified	

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:

bility Company," "L.L.C," or "LLC.") Delaware	2 46-4214927			
Jurisdiction under the law of which foreig company is organized)		(FEI number, if applicable)		
(Date (See secti	(irst transacted business in Florida, if prior to registration.) ons 605,0904 & 605,0905, F.S. to determine penalty liabilities.	lity)	2	
225 Townpark Drive NW	, ,		2814	
Kennesaw GA 30144			(21) (21)	
Reinesta ON 30144	(Street Address of Principal Office)	4.5 (**)	<u> </u>	
225 Townpark Drive NW		· • • • • • • • • • • • • • • • • • • •	<u> </u>	
		\$ 100 \$ 100 \$ 100		
Kennesaw GA 30144 The name, title or capacity an	(Mailing Address) d address of the person(s) who has/have aut c Drive NW Kennesaw GA 30144	hority to manage is/a	on No	
Kennesaw GA 30144 The name, title or capacity an enator LLC Manager 225 Townpari	d address of the person(s) who has/have aut	hority to manage is/s	re:	
Kennesaw GA 30144 The name, title or capacity an enator LLC Manager 225 Townpark Attached is an original certification of records in the just be submitted)	ate of existence, no more than 90 days old, durisdiction under the law of which it is organ foreign language, a translation of the certification of this document constitutes an afformation under the person reception of this document constitutes an afformation under the person	hority to manage is/s	the or is not he trai	
Kennesaw GA 30144 The name, title or capacity an enator LLC Manager 225 Townpark Attached is an original certification of records in the just be submitted)	ate of existence, no more than 90 days old, durisdiction under the law of which it is organ foreign language, a translation of the certification of this document constitutes an afformation under the per a document to the Department of State constitutes a third degree to	hority to manage is/s	the or is not he train	

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 o	f the Limited Liability Compa	iny is:		
Optio Property M	anagers LLC			
If unavailable,	the alternate to be used in the	state of Florida is:		
2. The name a		f the registered agent and office are:	<u></u>	(2) CR9
	C T Corporation System	(Name)	— <u>`</u>	7 <u>8</u> "
	1200 South Pine Island Road		E TE	C0 ;
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	 191	
	Plantation	FL 33324 City/State/Zip	* -	ର ଅ ::
Umilian basis in		·	mated li	-tead
liability compa- registered agen statutes relating	ny at the place designated in the and agree to act in this capa g to the proper and complete partions of my position as registed CT Corporation System	o accept service of process for the above his certificate, I hereby accept the appoin city. I further agree to comply with the p performance of my duties, and I am famili tered agent as provided for in Chapter 60	itment as provision iar with a	s of all and
	By: Fewell he	Ternell Kearn	cy Asst.	Sccretary
	(Signa	ture)		
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)		

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OPTIO PROPERTY MANAGERS LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF AUGUST, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5440036 8300

141120603

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTS CATION: 1655707

DATE: 08-28-14