Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000220993 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850) 617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCAC00000023 Phone : (850) 222-1092 Fax Number : (85C)878-536B 는 발표로 연기자 **Enter the email address for this business entity to be used for futures. Lannual report mailings. Enter only one email address please.**

Foreign Limited Liability Company ALS Resolvion, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	3.5 44.5		
	Name of Lim	ited Liebility Company	
ne enclosed "Application by Fi sistence, and check are submi	foreign Limited Liability Co ned to register the above ref	mpany for Authorization to erenced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florida
easu return all correspondence	s concerning this matter to the	ns, following:	
Rebecca Safer	stein, Paralegal		
		Name of Person	
Amall Golden			
	,	Firm/Compuny	
171 17th Stree	t; NW, Suite 2100		
		Address	
Átlania, GA 30	j363		
	Cl ₁ y/	State and Zip Code	
	E-mail address: (to be use	od for future annual report no	olification)
further information concerni	ng this matter, please call:		
Rebecca Saferstein, Pè	raicual	_at (404) B70)-5604
	of Contact Person	Asea Code	Daytime Telephone Number
MAILING ADDRESS Division of Corporation		ET ADDRESS:	
Registration Section	Registr	ation Section	
P.O. Box 6327 Tallahassec, FL 32314	2661 E	Building xecutive Center Circle issee, FL 32301	
	2 121 131		
closed is a check for the			

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. ALS Resolvion, LLC (Name of Foreign Limited Limbility Company; must include "Limited Liability Company," "L.L.C." or "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.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 1150 Lake Hearn Drive; Suite 640, Atlanta, GA 30342 (Street Address of Principal Office) 1150 Lake Hearn Drive, Suite 640, Atlanta, GA 30342 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: See attached list of Managers 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 penaltics of perjury that the facts stated berein one 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 a \$17.155, F.S.)

Typed or printed name of signee

Michael Levison, Managor

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	he Limited Liability Company is:			
ALS Resolvion, LL	c			
If unavailable, the alternate to be used in the state of Florida is:		SECRE TALLAH	140	giago-as
2. The name and	the Florida street address of the registered agent and off	AHASTARY	SEP 19	-
ı	CT Corporation System	——————————————————————————————————————	P	
•	(Name)		ŗ-	r Personal
<u>.</u>	200 South Pine Island Road	STATE LORIDA	ຕິ	Comme
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
1	lantation PL 33324			
_	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.

C'T Corporation System

(Signature)

Nathan S. Giffin Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

ALS Resolvion, LLC

List of Managers

Name	Address
Michael Levison	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Gerald A. Benjamin	1150 Lake Heam Drive, Suite 640
	Atlanta, GA 30342
A.D. "Pete" Correll	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Doug Melson	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
James Douglass	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Philip Lowis	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Jose Mendiola	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Keith Yarnell	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342
Martin Chapman	1150 Lake Hearn Drive, Suite 640
	Atlanta, GA 30342

14 SEP 19 PM 4: 45

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALS RESOLVION, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2014.

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

14 SEP 19 PH w. 45

4768620 8300

141201495

You may varify this cartificate online at corp. colaware.gov/authver.shtml AUTHENTICATION: 1714601

DIRECTION: 1/14001

DATE: 09-19-14