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(Re	questor's Name)	
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PICK-UP		MAIL.
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1,	Office Use Onl	Y



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COVER LETTER

TO:	Registration Section
	Division of Corporations

DRAP Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Existence, and check are submitte	d to register the above refere	nced foreign fimiled flabilit	y company to transact business in Fig
Please return all correspondence of	oncerning this matter to the	following:	
Piyush	K. Patel		
	Na	me of Person	
 -	Fil	m/Company	
30976	JS Highway	441 South	
		Address	
Comme	erce, Georgia	30529	
	City/St	ate and Zip Code	
paulp36	88@yahoo.co		
	E-mail address: (to be used	for future annual report notifi	cation)
For further information concerning	g this matter, please call:		
Paul Patel		at (678) 777	7-8005
Name o	of Contact Person	Area Code Da	aytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building securive Center Circle ssee, FL 32301	
Enclosed is a check for the to \$125.00 Filing Fee	following amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

. DRAP Florida, LLC		
(Name of Foreign Limited Liability Co	ompany; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate name adopted for	or the purpose of transacting business in Florida. The alternate name must include "I.	 imited
Liability Company," "L.L.C," or "LLC.")		
2. Georgia (Jurisdiction under the law of which foreign limite	3. 47-1989292 (FEI number, if applicable)	<u> </u>
company is organized)	sa flavility (1.2) flamber, is appreciately	
4. (Date first tran	nsacted business in Florida, if prior to registration.)	
(See sections 605	5,0904 & 605,0905, F.S. to determine penalty liability)	
_{5.} 4999 Eisenhower Parkv	way	
Macon, Georgia 31206		
4000 Fig	(Street Address of Principal Office)	_
_{6.} 4999 Eisenhower Parkw	vay	
Macon, Georgia 31206	P	
	(Mailing Address)	
7. The name, title or capacity and addi	ress of the person(s) who has/have authority to manage is/ar	**************************************
Piyush K. Patel, manager		Internation
	<u> </u>	2 20 2
	<u>デッ・ウ</u> 第2 -	2 31 5 FE
	<u> </u>	
having custody of records in the jurisdicacceptable. If the certificate is in a foreign must be submitted) (In accordance with section 605 0203, F.S., the execution am aware that any false information submitted in a docum		ot anslator
Т	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.

	ne of the Limited Liability Company is: FLORIDA, LLC
	ole, the alternate to be used in the state of Florida is: -FLORIDA, LLC
2. The nam	e and the Florida street address of the registered agent and office are:
	ZACHARY BLALOCK
	(Name)
	803 9TH AVENUE SOUTH
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	JACKSONVILLE BEACH 32250
,	City/State/Zip
liability com registered a statutes rela	n named as registered agent and to accept service of process for the above stated limiteds appany at the place designated in this certificate, I hereby accept the appointment as gent and agree to act in this capacity. I further agree to comply with the provisions of all sting to the proper and complete performance of my duties, and I am familiar with and bligations of my position as registered agent as provided for in Chapter 605, Florida in Chapter 605, Flo
	(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: August 28, 2014 JURISDICTION

: 14084221 : Georgia

: October 20, 2014 PRINT DATE

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

> DRAP Florida, 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.

Brian P. Kemp Secretary of State