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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

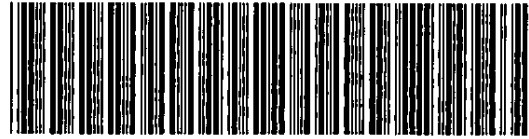
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 NOV -5 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 06 2014

6212



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2014

SUSAN METCALF  
1365 WARREN WILLIAMS RD  
COLUMBUS, GA 31901

SUBJECT: BARNES GIBSON PATEL, ARCHITECTS, LLC  
Ref. Number: W14000048969

We have received your document for BARNES GIBSON PATEL, ARCHITECTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00017188

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: barnes gibson patel, ARCHITECTS, 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..

Please return all correspondence concerning this matter to the following:

**Susan B. Metcalf**

Name of Person

**barnes gibson patel, ARCHITECTS, LLC**

Firm/Company

**1365 Warren Williams Road**

Address

**Columbus, Georgia 31901**

City/State and Zip Code

**susan@studiobgp.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Susan Metcalf**

Name of Contact Person

at **706**

Area Code

**653-8142**

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:

☒ \$125.00 Filing Fee

☐ \$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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. barnes gibson patel, ARCHITECTS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

bgp, ARCHITECTS, 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. State of Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2381517

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1365 Warren Williams Road

Columbus, Georgia 31901

(Street Address of Principal Office)

6. P.O. Box 5542

Columbus, Georgia 31906

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mr - Susan B. Metcalf, P.O. Box 5542, Columbus, Georgia 31906

Mr - Molly M. Flournoy, P.O. Box 5542, Columbus, Georgia 31906

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)

Susan B. Metcalf  
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.)

Susan B. Metcalf

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 Liability Company is:

**barnes gibson patel, ARCHITECTS, LLC**

If unavailable, the alternate to be used in the state of Florida is:

**bgp, ARCHITECTS, LLC**

2. The name and the Florida street address of the registered agent and office are:

**Gary L. Griffin**

(Name)

**7583 Shoreline Drive**

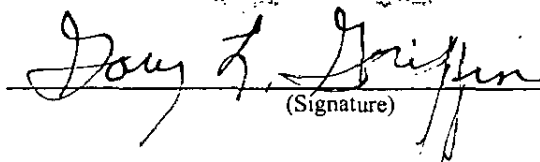
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Port St. Joe**

**FL 32456**

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.*

  
(Signature)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13399030  
DATE INC/AUTH/FILED: : April 02, 2013  
JURISDICTION : Georgia  
PRINT DATE : 08/04/2014

barnes gibson patel, ARCHITECTS  
1365 Warren Williams Road  
Columbus, GA 31901

## CERTIFIED COPY

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents maintained by the Corporations Division of the Office of the Secretary of State of Georgia under the name of

barnes gibson patel, ARCHITECTS, LLC  
A Domestic Limited Liability Company

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the 2nd day of April, 2013 its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia. This Certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

WITNESS my hand and official seal in the City of Atlanta and the  
State of Georgia on 08/04/2014



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Tracking #: oHNCqMnx

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ATLANTA, GEORGIA  
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