# \*11/5000003610

(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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2015 APR 30 PK 1:5

K. SALYER EXAMPLER MAY 11 2015

## **COVER LETTER**

.. ..

SUBJECT:	Key West/SAV, L		ability Company			
The enclosed Existence, an	I "Application by Foreign Limited Lial ad check are submitted to register the a	bility Company	y for Authorizati ed foreign limite	ion to Transact Business in Flori d liability company to transact b	da," Certificate of usiness in Florida	
Please return	all correspondence concerning this m	atter to the fol	lowing:			
	Peter Rysman,	Esq.				
		Name	of Person			
	Rysman Law, F	P.A.				
	Firm/Company					
	509 Whitehead	Street	t, Ste. 4			
		A	ddress			
	Key West, FL 3	3040				
		-	and Zip Code			
	info@rysmanla					
	•	•	future annual rep	oort notification)		
For further in	nformation concerning this matter, plea	ase call:				
Р	eter Rysman	į.	<sub></sub> 305	,414-8382		
	Name of Contact Person	-	Area Code	Daytime Telephone Number		
Div Reg	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327					
P()	lahassee, FL 32314	2661 Exec	utive Center Cir e, FL 32301	cle		
		lallahasse	0, 1 L 32301			

# 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. KEY WEST/SAV, LCC  (Name of Foreign-Limited Liability 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.")
2. CEORGIA  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 47-2967534  (FEI number, if applicable)
4. TRNUARY 4, 2011  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 400 MALL BOULEWARD
SUITE M-1 SAVANNAH, GA 31406 5 (Street Address of Principal Office)
6. SAMERS ABOVE
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
DAVID GARFUNKEL (AMBR)
400 MAU BOULEVARD, STE M-1
SAVIDNNAH, GA 31406
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 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.)
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:
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# Key West/SAV, LLC

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

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

Peter Rysma	ın, Esq.	
	(Name)	10000000000000000000000000000000000000
509 Whitehe	ad Street, Ste. 4	30 P
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Key West	<sub>FI</sub> 33040	04 . 58 . 58

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.

City/State/Zip

\$ 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 : December 20, 2010 JURISDICTION

: 10087316 : Georgia

PRINT DATE

: April 22, 2015

#### 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

#### KEY WEST/SAV, 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