# 05/19/2015 0000 Division q

### Florida Department of State

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Yolanda @ Marion capital. com

### Foreign Limited Liability Company ATOSARAS OF GEORGIA LLC

Certificate of Status	0
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# 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 LUBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ATOSARAS LLC (Name of Force	gn Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "L.C.	<del>")</del>
ATOSARAS OF GEORG			
Liability Company," "L.L.C."	iornate name adopted for the purpose of transacting or "LLC.")	business in Florida. The alternate name mus	i include "Limited
2. Georgia	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	<del></del>
4			
	(Date first transacted business in Florida, in (See sections 605.0904 & 605.0905, F.S. to d	rprior to registration.) ciermino penalty liability)	
5. 3412 W. Bay to Bay B	lvd., Suite I, Tampa, PL 33629		
			SEC TALL
	(Street Address of Principal Office	)	
6, 3412 W. Bay to Bay Bl	vd., Suite I, Tampa, FL 33629		AH T
,	(Mailing Address)		riico
7. Namo and street address	s of Florida registered agent: (P.O. Box NO)	acceptable)	当の
Name:	Yolanda Moayedi		O
	3412 W. Bay to Bay Blvd., Suite I	<del></del>	曼司 3
Office Address:	Tampa	33629	•
	(City)	, Florida 33629 (Zip code)	
this application, I hereby with the provisions of all	gistered agent and to accept service of proces accept the appointment as registered agent a statutes relative to the proper and complete p tilon as registered agent	nd agree to act in this capacity. I furth	er agree to comply
	(Registered agent's s	guature)	
8. The name, title or cap	scity and address of the person(s) who has he	e authority to manage is/are:	
Lee F. Pallardy, III, Sole	Member, 3412 W. Bay to Bay Blvd., Suite I,	Tampa, FL 33629	
"			
		a foreign language, a translation of the	
	Mouse Standard	1	
	Signature of an authorit	zed person	
	on 605.0203, F.S., the execution of this docum true. I am aware that any false information su I for in s.817.155, F.S.)		
- •	Marian Sbar, Esq.		
	Typed or printed name	of signes	

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#### STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 15035290
DATE INC/AUTH/FILED : April 06, 2015
JURISDICTION : Georgia
PRINT DATE : May 14, 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

Atosaras 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.

17776

Brian P. Kemp Secretary of State

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