M15000005137

(Red	questor's Name)	
(Add	Iress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		:

Office Use Only



800274075788

06/30/15--01002--011 **130.00

15 JUN 30 AM II: 06
SECKETARY OF STATE

T. HAMPYOI.

COVER LETTER

Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Internal Correspondence concerning this matter to the following: Barbara Xhajanka	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Internal Correspondence concerning this matter to the following: Barbara Xhajanka	
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in I Please return all correspondence concerning this matter to the following: Barbara Xhajanka Name of Person Ford & Harrison, LLP Firm/Company 271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
Barbara Xhajanka Name of Person Ford & Harrison, LLP Firm/Company 271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
Ford & Harrison, LLP Firm/Company 271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
Ford & Harrison, LLP Firm/Company 271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
Firm/Company 271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
271 17th St., NW, Suite 1900 Address Altanta, GA 30363	
Altanta, GA 30363	
Altanta, GA 30363	
, ,	
bxhajanka@fordharrison.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
T. 1	
Barbara Xhajanka at (404) 888-3963 Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
Registration Section Registration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	to
□ \$125.00 Filing Fee ■ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	ıe



271 17th Street, NW | Suite 1900 Atlanta, Georgia 30363 Tel 404-888-3800 | Fax 404-888-3863

Writer's Direct Contact:
BARBARA F. XHAJANKA
404-888-3963
bxhajanka@fordharrison.com

June 25, 2015

Division of Corporations Registration Section Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: Allowance, LLC - Certificate of Authority Application

To the Division of Corporations:

Enclosed please find a certificate of authority application for Allowance, LLC. Also enclosed is the entity's certificate of existence and a check for the filing fee. Please let me know if additional information is needed.

Sincerety,

BARBARA F. XHAJANKA

Paralegal

Ford & Harrison LLP

Enclosures

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. Allowance, LLC
1. Allowance, LLC (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. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-4320260 (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. 1551 Jennings Mill Rd, Suite 1100A
Watkinsville, GA 30677
(Street Address of Principal Office)
6. 1551 Jennings Mill Rd, Suite 1100A
Watkinsville, GA 30677
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
J. Mark Gilmore, Member-Manager, 1551 Jennings Mill Rd, Ste 1100A, Watkinsville, GA 30677
Thank Chinord, Womber Warrager, 1001 Cermings Will Tra, Ote 1100A, Warkinsville, GA 30077
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 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.)
J. Mark Gilmore

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:
Allowance, 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:
Corporate Creations Network, Inc. (Name)
11380 Prosperity Farms Road #221E Florida Street Address (P.O. Box NOT ACCEPTABLE)
Palm Beach Gardens FL 33410 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.

Signed with express permission by Barbara Xhajanka, Paralegal, Ford & Harrison, L

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

5.00 **Certificate of Status (optional)**

Control No.: 15061738

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp,** The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Allowance, LLC a Domestic Limited Liability Company

is hereby issued a CERTIFICATE OF ORGANIZATION under the laws of the State of Georgia on **June 18, 2015** by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on June 19, 2015



Brian P. Kemp Secretary of State