(i	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL.
(1	Business Entity Nam	ne)
(1)	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	

Office Use Only



500274277695

06/30/15--01031--011 **130.00

15 JUL -9 FH 3: 14

TLED

J. HARRIS

COVER LETTER

то:	Registra Division	ation Section of Corporation	s					
SUBJEC		mo LLC						
			Name of L	imited Liability C	Company			
			eign Limited Liability Compa I to register the above referct					
Please re	eturn all c	correspondence co	oncerning this matter to the f	ollowing:				
		Reshma Patel						
			Na	me of Person				
Firm/Company								
	1266 West Paces Ferry Rd. #181							
				Address				
		Atlanta, Georgia 30327						
City/State and Zip Code								
	r	patel@oscp.net						
	_		E-mail address: (to be used	for future annual	report noti	fication)		
For furth	er inform	nation concerning	this matter, please call:					
Reshma Patel			678 at (904-995				
		Name of	Contact Person	Area Code	Day	time 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						
		ck for the followi 00 Filing Fee	ng amount: \$\mathbb{B}\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		



July 1, 2015

RESHMA PATEL 1266 WEST PACES FERRY RD #181 ATLANTA, GA 30327

SUBJECT: FASMO LLC Ref. Number: W15000044955

We have received your document for FASMO LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The State Seal and signature is missing on certificate.,

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00013876

15 JUL -9 PM 1: 37

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: Fasmo 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 (FEI number, if applicable) company is organized) 7/1/2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1266 West Paces Ferry Rd. #181 Atlanta, Georgia 30327 (Street Address of Principal Office) 1266 West Paces Ferry Rd. #181 Atlanta, Georgia 30327 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAl Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) KRahm, Asst Secretary to WRAI 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Frank A. Schuler, Managing Member 1266 West Paces Ferry Rd. #181 Atlanta, Georgia 30327 9. Attached is a 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. (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

Frank A. Schaler

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Control Number: 11088272

STATE OF GEORGIA

Secretary of State

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

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

FASMO LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number
Date Ine/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12090810 : 11/29/2011 : Georgia : 7/8/2015 : 211



Brian P. Kemp Secretary of State