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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	Lake Bradford Part	ners, LLC						
20101011		Name of Limited Liability Company						
The enclosed Existence, an	l "Application by Fo	reign Limited Liability Comp ed to register the above refer	pany for Authorization	on to Tra d liability	nsact Business in Florida," ( company to transact busine	Certificate of ess in Florida		
Please return	all correspondence	concerning this matter to the	following:					
	Theodore T. C	arellas						
	Name of Person							
	Theodore T. Carellas, P.C.							
	Firm/Company							
	P.O. Box 2599							
	<del></del> .		Address		- T- MAN / -			
	Rincon, GA 31326							
	City/State and Zip Code							
	gbellomy@mark	etstreetgroupllc.com						
		E-mail address: (to be used	for future annual re	eport noti	fication)			
For further in	formation concernin	g this matter, please call:						
Jan	elle W. Drawdy		912 at ( )	823-710				
	Name o	of Contact Person	Area Code	Dayt	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						
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy			

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT IN ISSUES. IN THE STATE OF FLORIDA.

	SINESS IN THE STATE OF FLORIDA:		
1. Lake Bradford Partners (Name of Fore	, LLC eign Limited Liability Company; must include "Li	mited Liability Company," "I. I. C. "	or "I C "
		Anter Emaility Company, E.E.C.,	n 1110, )
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting or "LLC.")	ng business in Florida. The alternate n	ame must include "Limited
2. Georgia	<b>3.</b>		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(PBI number, if applicab	(e)
4	/Date first transacted business in Obs. 15.	No-Control Control	,
	(Date first transacted business in Plorida, (See sections 605.0904 & 605.0905, P.S. to	determine penalty liability)	
5. 19 Market Street			<del>_</del>
Beaufort, SC 29906			
	(Street Address of Principal Offi	ce)	<del></del>
6. 19 Market Street			
Beaufort, SC			SEC SEC
	(Mailing Address)		一定名是一个
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NO</u>	T seceptable)	SONT OF THE
Name:	C T Corporation System	,	SSEE
Office Address:	1200 South Pine Island	i Road	T T T
Office Address.	Plantation	, Florida (Zip code)	
	(City)	(Zip code)	- DA - 27
Registered agent's accept		P	
Having been named as rej this application. I hereby t	gistered agent and to accept service of proce accept the appointment as registered agent	ess for the above stated corporate and agree to act in this capacity.	n at me place designated in I further agree to comply
with the provisions of all s	statutes relative to the proper and complete	performance of my duties, and L	un familiar with and accept
the obligations of my post	tion as regist fred agenti	Vice President & Assista	int Secretary
1	CMASS TONELL		· —
/	(Registered agent's	signature)	
8. The name, title or cape	city and address of the person(s) who has/ha	ve authority to manage is/are:	
Gary Bellomy, Member			
19 Market Street			
Beaufort, SC 29906			
		denti e de la como de	
<ol> <li>Attached is a certificate invisition under the law;</li> </ol>	of existence, no more than 90 days old, duly of which it is organized. If the pertificate is	' aumenneated by the official havir in a foreign language, a translation	of the certificate under oath
of the translator must be su	abmitted)		
•			
J	Signature of an author	ized person	_
This document is executed	in accordance with section 605.0203 (1) (b)	/ , Plorida Statutes, I am aware that :	any false information
submitted in a document to	the Department of State constitutes a third d	legree felony as provided for in s.8	17.155, F.S.
	Gary Bellomy		<del></del>

Typed or printed name of signee

Control Number: 15074954

## 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

# LAKE BRADFORD PARTNERS, 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 of is authorized to transact business in this state.

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

: 12119339 : 08/04/2015 : Georgia : 8/5/2015



B: P. Kemp Brian P. Kemp Secretary of State