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COVER LETTER

TO:		ation Section 1 of Corporation	s						
SUBJE		ksonville Canterf	ield Management, LLC						
			Name of I	Limited Liability	Company				
			eign Limited Liability Comp I to register the above refere						
Please re	eturn all	correspondence c	oncerning this matter to the	following:					
		Eric S. Chofnas	, Esq.						
			Ne	ame of Person					
		Eric S. Chofnas	, PC						
		Firm/Company							
		1100 Powers Pl	ace		_				
		Address							
		Alpharetta, GA	30009				ं ज		
			City/St	ate and Zip Code	· 1		ां है ग		
	7	wnporter@bellso	uth.net				N		
	_		E-mail address: (to be used	for future annual	report not	ification)			
For furth	ner inform	nation concerning	this matter, please call:				P P P		
	Eric S.	Chofnas		770 _ at (346-969	96			
		Name of	Contact Person	Area Code	Day	time Telephone N	umber		
	Division Registra P.O. Box	of Corporations tion Section x 6327 see, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circ ee, FL 32301	le		
		ck for the followi 00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certi	g Fee, Certificate ified Copy		

APPLICATION BY FÖREIGN 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:

Georgia	ternate name adopted for the purpos or "LLC.")		s in Morida. The atternate	name must include Elimie
Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applica	ble)
, , , , , , , , , , , , , , , , , , , ,				
	(Date first transacted busing (See sections 605,0904 & 605	ess in Florida, if prior to .0905, F.S. to determine	registration.) penalty liability)	
4488 North Shallowfor				
Dunwoody, GA 30338		-		
	(Street Address of I	Principal Office)		
4488 North Shallowfor	d Road, Suite 103			ं ्
Dunwoody, GA 30338				一篇言工
	(Mailing ,	Address)		一
Name and street addres	s of Florida registered agent: (P.	O Box NOT accent	ahle)	
Name:	Donna Marko	.o. box <u>rror</u> uccept		
	9848 SW 110th St.		-	
Office Address:			_	- , \
	Ocala		, Florida <u>34481</u>	
	(City)		(Zip code)	
		vice of process for the	e above stated corporati	ion at the place designa
ving been named as re application, I hereby a the provisions of all s	gistered agent and to accept servaccept the appointment as registed tatutes relative to the proper and to a registered agent.	tered agent and agred d complete performa	to act in this capacity.	I further agree to com
ving been named as reg s application, I hereby t h the provisions of all s	gistered agent and to accept servaccept the appointment as registed tatutes relative to the proper and to a registered agent.	tered agent and agree	to act in this capacity.	I further agree to com
ving been named as reg application, I hereby th the provisions of all so obligations of my position.	gistered agent and to accept servaccept the appointment as registeratutes relative to the proper antiquas registered agent. (Registered and address of the person(s)	dered agent and agreed complete performate cred agent's signature) who has/have author	e to act in this capacity. nce of my duties, and I	I further agree to com
ving been named as reg application, I hereby th the provisions of all so obligations of my position.	gistered agent and to accept servaccept the appointment as registed tatutes relative to the proper and tion as registered agent. (Regist	dered agent and agreed complete performate cred agent's signature) who has/have author	e to act in this capacity. nce of my duties, and I	I further agree to com
s application, I hereby of the provisions of all so obligations of my positions of my positions. The name, title or capa	gistered agent and to accept servaccept the appointment as registeratutes relative to the proper antiquas registered agent. (Registered and address of the person(s)	dered agent and agreed complete performate cred agent's signature) who has/have author	e to act in this capacity. nce of my duties, and I	I further agree to com
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ving been named as reg s application, I hereby in the provisions of all so obligations of my position. The name, title or capa inston A. Porter, Manag	gistered agent and to accept servaccept the appointment as registered attention as registered agent. (Registrative and address of the person(s) er of Dusty D. Dog Holdings, Ll.	dered agent and agreed complete performation ered agent's signature) who has/have author LC, its Manager ys old, duly authentic	e to act in this capacity. nce of my duties, and I ity to manage is/are: ated by the official having	I further agree to com am familiar with and a
ving been named as reg s application, I hereby in the provisions of all so obligations of my position. The name, title or capa inston A. Porter, Manag	gistered agent and to accept servaccept the appointment as registered attention as registered agent. (Registrative and address of the person(s) er of Dusty D. Dog Holdings, Ll of existence, no more than 90 days of which it is organized. (If the ce	dered agent and agreed complete performation ered agent's signature) who has/have author LC, its Manager ys old, duly authentic	e to act in this capacity. nce of my duties, and I ity to manage is/are: ated by the official having	I further agree to com am familiar with and a

Typed or printed name of signee

Winston A. Porter

Control Number: 15072634

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

JACKSONVILLE CANTERFIELD MANAGEMENT, 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 Inc/Auth/Filed
Jurisdiction

Jurisdiction
Print Date
Form Number

: 12139045 : 07/20/2015

: Georgia : 8/24/2015

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Brian P. Kemp Secretary of State