# MEDEOCO6749

| //                      | Requestor's Name)    |           |
|-------------------------|----------------------|-----------|
| יוי                     | requestors Name)     |           |
| •                       |                      |           |
| ( <i>F</i>              | Address)             |           |
|                         |                      |           |
| ( <i>P</i>              | \ddress)             | -         |
|                         |                      |           |
| (0                      | City/State/Zip/Phone | #)        |
|                         |                      |           |
| PICK-UP                 | MAIT                 | MAIL      |
|                         |                      |           |
| (E                      | Business Entity Nam  | ne)       |
| ·                       | •                    | ,         |
| (                       | Document Number)     |           |
| (c                      | ocument rumber,      |           |
| On Alfin al Onacion     | o and the            |           |
| Certified Copies        | Centricates          | or Status |
|                         |                      |           |
| Special Instructions to | o Filing Officer:    |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |
|                         |                      |           |

Office Use Only



500276160645

08/25/15--01019--019 \*\*130.00

FILED

15 AUS 25 PM 2: 44

AUG 2 6 2015 S. YOUNG

#### **COVER LETTER**

| TO:  | Registration Secti<br>Division of Corpo            |   |   |           |  |          |  |
|--|--|---|---|-----------|--|----------|--|
| SUBJE  |  | Jacksonville, LLC   |   |           |  |          |  |
| 30808  | Name of Limited Liability Company                  |   |   |           |  |          |  |
|  |  | by Foreign Limited Liability Com<br>omitted to register the above refer |   |           |  |          |  |
| Please r   | eturn all corresponde                              | ence concerning this matter to the                                      | e following:  |           |  |          |  |
|  | Eric S. Cl   | nofnas, Esq.  |   |           |  |          |  |
|  |  | N   | Name of Person  |           |  | _        |  |
|  | Eric S. Cl   | nofnas, PC  |   |           |  |          |  |
|  |  | F   | Firm/Company  |           |  | _        |  |
|  | 1100 Pow   | vers Place  |   |           |  |          |  |
|  |  |   | Address   |           | 1  | -<br>- 7 |  |
|  | Alpharetta   | a, GA 30009   |   |           | Ş  | )<br>    |  |
|  | <u></u>  | City/S  | State and Zip Code  |           |  |          |  |
|  | wnporter@  | bellsouth.net   |   |           |  | 1 5 T    |  |
|  |  | E-mail address: (to be use  | ed for future annual  | report no | tification)                                    |          |  |
| For furtl  | her information conc                               | erning this matter, please call:  |   |           |  | orin E   |  |
|  | Eric S. Chofnas                                    |   | 770<br>at (   | 346-96    | 596  |          |  |
|  | N  | ame of Contact Person   | Area Code   | Day       | ytime 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 |           |  |          |  |
| Enclosed   | d is a check for the for the for \$125.00 Filing F |   | □ \$155.00 Filir<br>Certified Copy  | ng Fee &  | □ \$160.00 Filing Fee, of Status & Certified C |          |  |

# -- 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:

| Canterfield of Jackson  | ville, LLC  |  |  |
|---|---|--|--|
| (Name of For  | eign Limited Liability Company; must inc  | clude "Limited Liability Company," "L.L.C.," of  | "LLC.")  |
| (If name unavailable, enter a<br>Liability Company," "L.L.C.  | Iternate name adopted for the purpose of " or "LLC.")   | transacting business in Florida. The alternate na  | me must include "Limited                               |
| 2. Georgia  |   | 3.   |  |
| (Jurisdiction under the law company is organized)   | of which foreign limited liability  | (FEI number, if applicable   | :)   |
| 4   | (Date first transacted business in  | Florida, if prior to registration.)  | _  |
| 5. 4488 North Shallowfo   | (See sections 605.0904 & 605.0903   | 5, F.S. to determine penalty liability)  |  |
| Dunwoody, GA 30338  |   |  | _  |
|   | (Street Address of Princ  | ipal Office)   |  |
| 4488 North Shallowfor   | 1D 101 100  |  | ार्थ क   |
| Dunwoody, GA 30338  |   |  | 一緒青田   |
| Dullwoody, GA 30336   | (Mailing Addr   | ase)   |  |
|   | · -   |  | - 25 15 15 15 15 15 15 15 15 15 15 15 15 15            |
| 7. Name and street address  | ss of Florida registered agent: (P.O. E   | Box NOT acceptable)  |  |
| Name:   | Donna Marko   |  | 2  |
| Office Address:   | 9848 SW 110th St.   |  | 贯加 蓋   |
|   | Ocala   | , Florida <u>34481</u>   |  |
| Registered agent's accep  | (City)  | (Zip code)   | <del></del>  |
| this application, I hereby  | accept the appointment as registered<br>statutes relative to the proper and co-<br>it(on as registered agent, | of process for the above stated corporation and agree to act in this capacity. I mplete performance of my duties, and I are agent's signature) | further agree to comply                                |
|   | (Registered   | agent's signature)   | <del></del>  |
| 9 The name title on annu  |   |  |  |
|   | acity and address of the person(s) who  | , ,  |  |
| Winston A. Porter, Manag  | ger of Dusty D. Dog Holdings, LLC, i  | its Manager  |  |
|   |   |  |  |
|   |   |  | 17-10M   |
| ·   |   |  | <u> </u>   |
| <ol> <li>Attached is a certificate<br/>jurisdiction under the law<br/>of the translator must be so</li> </ol> | of which it is organized. (If the certifi   | ld, duly authenticated by the official having cate is in a foreign language, a translation o   | custody of records in the f the certificate under oatl |
|   | Signature of an   | authorized person  | <del>-</del>   |
| This document is executed submitted in a document to  | l in accordance with section 605.0203 the Department of State constitutes a                                   | (1) (b), Florida Statutes. I am aware that an third degree felony as provided for in s.817   | y false information<br>7.155, F.S.                     |

Typed or printed name of signee

Winston A. Porter

Control Number: 14028390

# 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

#### Canterfield of Jacksonville 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
Print Date
Form Number

: 12139049 : 03/10/2014 : Georgia : 8/24/2015 : 211



Brian P. Kemp Secretary of State