# M150000089

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DATE:

10/21/15

NAME:

A TEAM LEASING, LLC

TYPE OF FILING: APPLICATION

COST:

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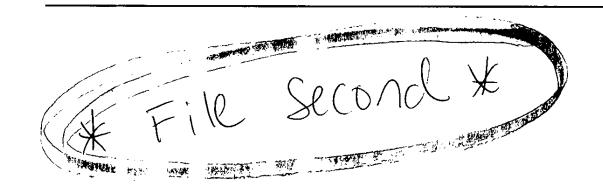
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**AUTHORIZATION:** ABBIE/PAUL HODGE





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#### **COVER LETTER**

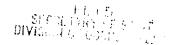
SUBJECT: _		A Team Leasing, LLC						
	Name of Limited Liability Company							
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida						
Please return al	l correspondence concerning this	s matter to the following:						
	Peggy Calder							
		Name of Person						
	Capitol Corporate Services, Inc.							
	Firm/Company							
	815 N. First Ave., # 4							
	Address							
	Phoenix, AZ  City/State and Zip Code							
		City/State and Zip Code						
	E-mail addı	marcie.doize@ateamleasing.com ress: (to be used for future annual report notification)						
For further info	rmation concerning this matter, p							
	Peggy Calder	······································						
	Name of Contact Perso	n Area Code Daytime Telephone Number						
	ING ADDRESS:	STREET ADDRESS:						
	on of Corporations	Division of Corporations						
	ration Section ox 6327	Registration Section Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle							
		Tallahassee, FL 32301						
Enclosed is a	check for the following an	oount:						
\$12	5.00 Filing Fee \$130.00 F							
	C1	e of Status Certified Copy of Status & Certified Copy						

#### 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. A Team Leasing, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include Limited Liability Company, L.L.C., or LCC.)
(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 "L.L.C,")
2. Delaware 3. 47-5286676
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. 9/16/2015
(Street Address of Principal Office)
5. 2232 Kodiak Drive, NE. Atlanta, GA 30345
(Street Address of Principal Office)
(block reades) of remotion
(Street Address of Principal Office)  6. same  (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
The harry, and or capacity, and state control person(b) the hashing admining to manage is are.
Paul A. Doize, CFO - 2232 Kodiak Drive, NE. Atlanta, GA 30345
W. Ken Butler, CEO - 4547 Shilo Ridge Trail, Snellville, GA 30039
W. Ken Butter, CEO - 4347 Stillo Ridge Trail, Shellylle, GA 30039
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)
Paul a. Poinc 10/20/2015
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 degree felony as provided for in s.817.155, F.S.)
Paul A. Doize
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



15 OCT 21 AM 9: 40

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 th	ne Limited Liability Compan	y is:				
	A Tea	m Leasing, LLO				
If unavailable, the	alternate to be used in the st	tate of Florida is:				
2. The name and	the Florida street address of	the registered age	nt and office are:			
_	Сар	itol Corporate S	Services, Inc.			
_	155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)					
_	Tallahassee	FL City/State/Zip	32301			
liability company d registered agent a statutes relating to	ed as registered agent and to a cat the place designated in this and agree to act in this capacity the proper and complete persons of my position as register of the proper and complete persons of my position as register (Signature)	s certificate, I here ty. I further agree formance of my d red agent as provi  Peggy behalf of	by accept the appointmen to comply with the provi uties, and I am familiar w	nt as sions of all vith and Florida retary on		

\$ 100.00 Filing Fee for Application

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

\$ 25.00

\$ 30.00

5.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A TEAM LEASING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A TEAM LEASING, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5845165 8300 SR# 20150518469

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10243216

Date: 10-15-15