Division of Corporations

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(((H15000280453 3)))



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To:

From:

Division of Corporations

Fax Number : (850)617-6383

Account Name : SMITH HULSEY & BUSEY Account Number: 075030000653

: (904)359~7700 : (904)359~7708

the email address for this business entity to be used for future should report mailings. Enter only one email address please.\*\*

## Foreign Limited Liability Company Meadows & Ohly, LLC

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\$125.00

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Corporate Filing Menu

Help

D. BRUCE

(((H15000280453 3)))

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

<b>, ™</b>	IN FLORIDA			
IN COMPLIANCE WITH SEC COMPANY TO TRANSACT B	THON 605,0902, FLORIDA STATUTES. THE POLLOWIR USINESS IN THE STATE OF FLORIDA:	G IS SUBMITTED TO REC	TISTER A FOREIGN	LIMITED LIABILIT
Meadows & Ohly, LLO	c ·			
(Name of For	eign Limited Liability Company; must include "Limite	d Liability Company," "L.	L.C.," or "LLC.")	
(If name unavoilable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting by	siness in Florida. The alte	mate name must inc	lude "Limited
2. Georgia	26-0011	698		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE) number, if ap	plicable)	<del></del>
4. 11/20/15				
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	ior to registration.) rounce penalty liability)		-
5. 275 Scientific Dr., Suit			<b>251</b>	
Peachites Comers, GA				9 11 10
6. 273 Scientific Dr. Suite	(Street Address of Principal Office) 1000		SVH NSVH	
Peachtree Corners, GA	30092		7 4 3 5 F	2
1 oddinice Contrata, CA	(Mailing Address)		T RET	
7 - \$15000 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,		( CD )	
1. Name and arest soote?	s of Florida registered agent: (P.O. Box NOT ac	ceptanie)		
Name:	Corporation Service Company	<del></del>	21 F/A	· !
Office Address:	1201 Hays Street		•	
	Tallahassee	, Florida 32301		
Registered agent's accept	(City)	(Zip c	ode)	
Flaving been named as rej lesignated in this applicat to complywith the provision	gistered agent und to accept service of process follow, I hereby accept the appointment as register ons of all statutes relative to the proper and comp my position as registered agent.	ed agent and agree to a	ct in this capacity	. I further agree
	(Registered agent's signat	ure)	Mill Vine Pr	<del>paga law</del> 19
· ·	city and address of the person(s) who has/have au ont, 275 Scientific Dr., Suite 1000, Peachtree Con-		;	
	nancial Officer, 275 Scientific Dr. Suite 1000, Po	······································	092	
John C. Carter, Criter Open	rating Officer, 275 Scientific Dr. Suite 1000, Pear	mines Courses, GV 300:	36	1. anni 1. a. 1
). Attached is a certificate urisdiction under the law of the translator must be su	Ille C. C.	oreign language, a transl	having custody of ation of the certifi	records in the lease under oath
	Signature of an authorized p in accordance with section 605.0203 (1) (b), Flor	ida Statutes. I am aware		rmation
ubmitted in a document to	the Department of State constitutes a third degree John C. Carter	falony as provided for i	n s.817.155, F.S.	
	Typed or printed name of sign	700		

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Control Number: 0202696

## 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

### MEADOWS & OHLY, LLC

#### a Domestic Limited Linbility 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 of 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/Flied
Jurisdiction
Print Date
Form Number

: 12221724 :01/17/2002 : Georgia :11/24/2015



B: PLL
Brian P. Kemp
Securetary of State