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Foreign Limited Liability Company Jax6595, LLC

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SUBJECT:	Jax 6595, LLC					•	,	
GOUGECT.		Name o	of Limited Liability	Company	. ,4	 .	•	
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	Alexandra M	cLauchlin						•
			Name of Person					
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	SUTHERLA	D						
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	ono nasakwa	C4		,	,			
	999 Peachtree	Street NE, Suite 2300						•
			Address		•	·		
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	Anama, GA 5							
		City	State and Zip Code					
	alex:melaughlin	@sutherland.com						
***		E-mall address: (to be us	sed for future annual	report notifi	cation)			
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	normation concerni	ng this matter, piease can:			, ,		:	•
Alo	xandra McLaughlin		404	853-8271				
	Name	of Contact Person	at (Area Code	_) Daytin	ne Telephone Num	ber		
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	ILING ADDRESS sion of Corporation			STREET A	DDRESS: Corporations			
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	check for the follov 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee &	□ \$155.00 Filin	ng Fee & F	J \$160.00 Filing F	ce. Cer	tifleate	:
- -		Certificate of Status	Certified Copy		f Status & Certific			

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/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

	(Name of For	reign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "	LLC.")
(16	name unavailable, enter a ability Company," "L.L.C	alternate name adopted for the purpose of transac	ting business in Florida. The alternate name	must Include "Limited
	Georgia	, or 1,15d.)		4
	Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	·
.4.	upon qualification		•	
•		(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S.	a, if prior to registration.)	
3.	1000 Abernathy Road	, Suite 325, Building 400	w determine positivy sacrity)	
	Atlanta, GA 30328-56	13		
•		(Street Address of Principal Of	fice)	•
6.	1000 Abernathy Road,	Suite 325, Building 400		
	Atlanta, GA 30328-56	13		· · · · · · · · · · · · · · · · · · ·
		(Malling Address)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
7.	Name and street address	ss of Plorida registered agent: (P.O. Box N	QT acceptable)	HAR
	Name:	CT Corporation System		(1) 20 (1) (1) (1)
	Office Address:	1200 Pine Island Road	, , , , , , , , , , , , , , , , , , ,	်ည်း မ
	verifie readices.	Plantation	, Florida 33324	
	: .	(City)	(Zip code)	
Ha		gistered agent and to accept service of proc tion, I hereby accept the appointment as re	gistered agent and agree to act in this	capacity. I further agree
10 0	complywith the provision	ons of all statutes relative to the proper and my position as registered agent. Nathan S	S. Giffin Asst. Secretary	md 1 am familiae with an
10 0	complywith the provision	ons of all sigiutes relative to the proper and my position us registered agent.	S. Giffin Asst. Secretary	md I am familiar with an
10 C	complywith the provision of the obligations of the obligations of the obligations of the name, title or capa	ons of all statutes relative to the proper and my position as registered agent. Nathan 5 (Registered agent's city and address of the person(s) who has/ha	S. Giffin Asst. Secretary signature) ave authority to manage is/are:	
10 C	complywith the provision of the obligations of the obligations of the obligations of the name, title or capa	ons of all statutes relative to the proper and my position as registered agent. Nathan S (Registered agent's	S. Giffin Asst. Secretary signature) ave authority to manage is/are:	
10 C	complywith the provision of the obligations of the obligations of the obligations of the name, title or capa	ons of all statutes relative to the proper and my position as registered agent. Nathan 5 (Registered agent's city and address of the person(s) who has/ha	S. Giffin Asst. Secretary signature) ave authority to manage is/are: athy Road, Suite 325 Bld. 4	
10 de acc	complywith the provision of the obligations of the obligations of the obligations of the name, title or capa	ons of all statutes relative to the proper and my position as registered agent. Nathan 5 (Registered agent's city and address of the person(s) who has/ha Park, Inc., its Manager 1000 Aberna	S. Giffin Asst. Secretary signature) ave authority to manage is/are: athy Road, Suite 325 Bld. 4	

Michael G. Kerman, Secretary of Stone Mountain Industrial Park, Inc.

Typed or printed name of signee

3/3/2016 11:53:27 AM From: To: 8506176383(4/4)

Control Number: 16001849

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 scal of my office that

Jax6595, 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

: 12870901 : 01/06/2016 : Georgia : 03/03/2016 : 211



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