M16000002425

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number) Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Originally filed as a Florida LLC and assigned #L07000115290 in error on part of this office; Record updated 03/24/16 mmilligan				

Office Use Only



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SECRETARY OF STATE STATE STATE OF CORPORATIONS

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Formation Capital, LLC			
	(Name of L	mited Liability Company)		
Florida," Cer	• •	iability Company for Authorization to Transac submitted to register the above referenced fore		
Please return	all correspondence concerning this	matter to the following:		
	Wendy M. Chappell, Paralegal		_	
(Name of Person)				
	Williams Mullen Clark & Dobbins PC	,	_	
(Firm/Company)				
	222 Central Park Ave., Suite 1700	·	O7 NOV	
		(Address)	FAN CONTE	
	Virginia Beach, VA 23462		OF STATE OR OR POR AT 11: 55	
	(City)	State and Zip Code)	25. O.K.	
For further is	nformation concerning this matter, p	please call:		
Wend	ly M. Chappell, Paralegal	at (⁷⁵⁷) 473-5436		
	(Name of Person)	(Area Code & Daytime Telephone Num	iber)	
MAI	LING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: 25.00 Filing Fee \$\int\$		e, Certificate & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENCES IN THE STATE OF FLORIDA:

1. Formation Capital, LLC		SMILO HAMA.	
(Name of Foreign Limit	ed Liability Company; must inch	ude "Limited Liability Company," "L.L.C.," or	"LLC.")
		ose of transacting business in Florida and attach ernate name. The alternate name must include "	
2 Georgia		3. N/A	
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applicable)	
4. May 3, 2007	:	5. Perpetual	
(Date of Orga		(Duration: Year limited liability company exist or "perpetual")	will cease to
6. Upon qualification	•		
(D	Pate first transacted business in Fl e sections 608.501 & 608.502 F.S		
7. 1035 Powers Place			
Alpharetta, GA 30004			N LO
	(Street Address	of Principal Office)	2 2
8. If limited liability com	pany is a manager-managed	f company, check here 🔀	F CORPC
9. The name and usual bu	siness addresses of the mar	naging members or managers are as follows	ows:
Christopher M. Sertich, M.	anager 1035 Powers Place, Alpl	haretta, GA 30004	AM II: 55
Arnold M. Whitman, Man	ager 1035 Powers Place, Alpi	haretta, GA 30004	
Steven E. Fishman, Manag	ger 101 West Ave., Third Fl	loor, Jenkintown, PA 19046	
the jurisdiction under the law of		days old, duly authenticated by the official having py is not acceptable. If the certificate is in a foreig mitted.)	-
11. Nature of business or	purposes to be conducted o	or promoted in Florida:	,
Any and all lawful business	s	<u> </u>	•
	E Sa	K	
(In a	ecordance with section 608.408(3),	uthorized representative of a member. F.S., the execution of this document constitutes jury that the facts stated herein are true.)	
	istopher M. Sertich, Manager		
	Typed or printe	d name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 the Limited Liability Company is:		
Formation Capital, LLC		-
If name unavailable, the alternate name to be used in the state of Florida is:		
N/A		_≌
2. The name and the Florida street address of the registered agent and office are:	7 NOV 14	SECRETA VISION OF
C T Corporation System		RYC
(Name)	=	POR.
1200 South Pine Island Road	: 55	TATE
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation FL 33324		
City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

CT Corporation System

Athum A. Widdow, Asst. Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Control No. 07038036

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

FORMATION CAPITAL, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 05/03/2007 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 8th day of November, 2007

Karen C Handel Secretary of State

Haven CHandel

Certification Number: 1838424-1 Reference: 035111.0001 Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp