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| (Re | equestor's Name) | |
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COVER LETTER

| | let Summer, LLC | | | | |
|------------------------------|--|---|------------------------------------|--|---|
| SUBJECT: | | Name of | Limited Liability (| Company | |
| | | | | | nnsact Business in Florida," Certificat company to transact business in Flo |
| Please return ali | correspondence | concerning this matter to the | following: | | |
| | John A. Medin | a | | | |
| | | N | lame of Person | | |
| | Kenney & Med | lina, P.C. | | | |
| | - | F | irm/Company | | |
| | 3302 McGinnis | s Ferry Road, Ste. 100 | | | |
| | | | Address | | |
| | Suwanee, GA | 30024 | | | |
| | | City/S | State and Zip Code | | |
| | jmedina@ksmla | - | | | |
| | | E-mail address: (to be use | d for future annual | report not | ification) |
| For further info | rmation concernin | g this matter, please call: | | | |
| John A | A. Medina | | 678 at (| 218-81 | 02 |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number |
| Divisio Registi P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301 |
| | eck for the follow 5.00 Filing Fee | ring amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$ | ■ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Certificate 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.

| | organism company, must include | "Limited Liability Company," "L.L.C.," o | n blc., | | |
|--|--|--|---|--|------------------|
| liability Company," "L.L.C," | ternate name adopted for the purpose of transa" or "LLC.") | acting business in Florida. The alternate na | aine inust inc | clude "l | imited |
| Georgia | 3 | | | | _ |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable | e) | | |
| | | | | | |
| | (Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S | ida, if prior to registration.) | | | |
| 310 Tividale Court | (====================================== | | | | |
| | | | | | |
| Alpharetta, GA 30022 | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ···- | | |
| 310 Tividale Court | (Street Address of Principal C | Jince) | | | |
|). | | | | | |
| Alpharetta, GA 30022 | | | 74 J | | |
| | (Mailing Address) | | | ವ | |
| . Name and street addres | s of Florida registered agent: (P.O. Box] | NOT acceptable) | <u> </u> | Z | |
| Name: | Dion J. Moniz, Esq. | | 377 | Υ | t in the service |
| Office Address | 304 Magnolia Avenue | | | | 1 |
| Office Address: | Panama City | | , <u>, , , , , , , , , , , , , , , , , , </u> | | - Indiana |
| | | 27405 | | | |
| | | , Florida 32405 | - <u>S</u> | ?: | |
| | (City) | (Zip code) | - Silling comp | 7:2so any at i | the place |
| lesignated in this applicate complywith the provision complywith the provision comply the obligations of the | (City) | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) | his capacit | €£o any at i y. I fui | ther agre |
| Having been named as re- lesignated in this applicate to complywith the provision accept the obligations of n B. The name, title or capa | (City) tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as tons of all statutes relative to the proper at my position as registered agent. (Registered agent | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) have authority to manage is/are: | his capacit | €£o any at i y. I fui | ther agre |
| Javing been named as re- lesignated in this applicate to complywith the provision coept the obligations of n B. The name, title or capa Christopher C. Weaver, M | (City) tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as a tions of all statutes relative to the proper at my position as registered agent. (Registered agent acity and address of the person(s) who has | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) /have authority to manage is/arc: harctta, GA 30022 | his capacit | €£o any at i y. I fui | ther agre |
| Having been named as re- lesignated in this applicate to complywith the provision cocept the obligations of name. B. The name, title or capa Christopher C. Weaver, M. | (City) tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as tons of all statutes relative to the proper at my position as registered agent. (Registered agent acity and address of the person(s) who has tember/Manager, 310 Tividale Court, Alp | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) /have authority to manage is/arc: harctta, GA 30022 | his capacit | €£o any at i y. I fui | ther agre |
| Having been named as re- lesignated in this applica- to complywith the provision occept the obligations of name. 8. The name, title or capa Christopher C. Weaver, Member Michael S. Fetzer, Member | tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as tons of all statutes relative to the proper at my position as registered agent. (Registered agent acity and address of the person(s) who has tember/Manager, 310 Tividale Court, Alp ter/Manager, 1060 Scale Drive, Alpharetta, of existence, no more than 90 days old, du of which it is organized. (If the certificate | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) Thave authority to manage is/are: haretta, GA 30022 GA 30022 | his capacit | ess any at I y. I fui n famil | ther agre |
| Javing been named as re- lesignated in this application complywith the provision coept the obligations of the coept the obligation of the coept the obligation of the coept the coept the obligation of the coept | tance: gistered agent and to accept service of pr tion, I hereby accept the appointment as tons of all statutes relative to the proper at my position as registered agent. (Registered agent acity and address of the person(s) who has tember/Manager, 310 Tividale Court, Alp ter/Manager, 1060 Scale Drive, Alpharetta, of existence, no more than 90 days old, du of which it is organized. (If the certificate | (Zip code) ocess for the above stated limited liab registered agent and agree to act in to nd complete performance of my dutie 's signature) Thave authority to manage is/are: haretta, GA 30022 GA 30022 ally authenticated by the official having is in a foreign language, a translation of | his capacit | ess any at I y. I fui n famil | ther agre |

Typed or printed name of signee

John A. Medina

Control Number: 16040833

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

Inlet Summer, 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 notra notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filled 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

: Georgia : 05/09/2016 :211

Print Date Form Number



Brian P. Kemp Secretary of State

:13164827 :04/29/2016