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J. HARRIS

## **COVER LETTER**

**Registration Section** 

TO:

Di	ivision of Corporation	18					
SUBJECT	Surtreat South, LLC						
SOBOLCI	•	Name of	Limited Liability C	Company			
		eign Limited Liability Comp d to register the above refer					
Please retu	rn all correspondence c	concerning this matter to the	following:				
	Michael J. Hora	an III			·		
		N	ame of Person				
	Surtreat South,	LLC					
	Firm/Company						
	8612 Banks Mi	ll Road					
			Address				
	Winston, GA 3	0187					
		City/S	tate and Zip Code	·/· ·· · · · · · · · · · · · · · · · ·			
	surtreatsouth@gr	nail.com					
		E-mail address: (to be used	d for future annual	report not	ification)		
For further	information concerning	g this matter, please call:					
М	lichael J. Horan III		770 at (	942-13	75	•	
_	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Di Re P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301		
	s a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Co		

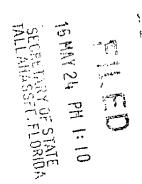


### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2016

MICHAEL J HORAN III. 8612 BANKS MILL ROAD WINSTON, GA 30187

SUBJECT: SURTREAT SOUTH, LLC Ref: Number: W16000036131



We have received your document for SURTREAT SOUTH, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00010570

16 MAY 2L AMII: L

## 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:

	reign Limited Liability Company; mu	st include "Limited Liability Comp	any," "L.L.C.," or '	'LLC.")		
N/A						. <u></u>
(If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the purpos ," or "LLC.")	e of transacting business in Florida	i. The alternate nam	e must in	clude "l	imited
2. State of Georgia		3. 47-2463678				
company is organized)	of which foreign limited liability	(FEI nu	mber, if applicable)			<del></del>
4. <u>N/A</u>				•		
	(See sections 605.0904 & 605	ss in Florida, if prior to registratio .0905, F.S. to determine penalty list	n.) ibility)			
5. 8612 Banks Mill Road	1		•			
Winston, GA 30187				•		
A SPAN-MARKET IN IT IS NOT THE SPAN-MARKET.	(Street Address of	Principal Office)	a to spent & double to the man	20		
6. 8612 Banks Mill Road					- الله	inguage in
Winston, GA 30187				至近	<u>#</u> 2	ि । रस्टब्सायकः स्टब्स्सायकः
	(Mailing	Address)			-F	
7. Name and street addre	ss of Florida registered agent: (P	O. Box NOT acceptable)		ت. ر. ۳۱	7	
Name:	Joann R. Horan				••	, and
Office Address:	1039 Hillsboro Mile - #2			E A	0	
	Hillsboro Beach	, Florida	33062		•	
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip code)	•		
	otance:					
designated in this applicate complywith the provision accept the obligations of 8. The name, title or cap	ptance: egistered agent and to accept ser- ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regist acity and address of the person(s)	ment as registered agent and a proper and complete performation of the proper and complete performation of the proper and complete performation of the property of the property to many the property the proper	agree to act in thi nnce of my duties,	s capacii	ty. I fu	rther agre
Having been named as redesignated in this applicate to complywith the provise accept the obligations of  8. The name, title or cap Michael J. Horan III	otance: egistered agent and to accept ser ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Regist	ment as registered agent and a proper and complete performation of the proper and complete performation of the proper and complete performation of the property of the property to many the property the proper	agree to act in this ince of my duties, age is/are:	s capacii	ty. I fu	rther agre
Having been named as redesignated in this applicate to complywith the provise accept the obligations of  8. The name, title or cap	ptance: egistered agent and to accept ser- ation, I hereby accept the appoint ions of all statutes relative to the my position as registered agent.  (Regist acity and address of the person(s)	ment as registered agent and a proper and complete performation of the proper and complete performation of the proper and complete performation of the property of the property to many the property the proper	agree to act in this ince of my duties, age is/are:	s capacii	ty. I fu	rther agre

Typed or printed name of signee

Michael J. Horan III

Control Number: 14112422

## 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

#### Surtreat South, 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

: 13171291 : 11/20/2014 : Georgia : 05/13/2016



Brian P. Kemp Secretary of State