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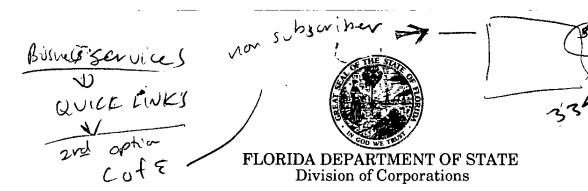
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**SECRETARY OF STATE

TALLAHASSEE FIREDITE.



May 12, 2016

JASON MULLINS 116 KINGS FERRY WAY ST. AUGUSTINE, FL 32084

SUBJECT: SOUTHERN GROUP, LLC

Ref. Number: W16000028170

We have received your document for SOUTHERN GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 716A00007870

HAY 31 PH 2: 1

COVER LETTER

	ration Section on of Corporation	us			
SUBJECT:	South	Name o	eoup L	- L C	
	Application by For	eign Limited Liability Co	mpany for Authoriza	ntion to Transact Busir	ness in Florida," Certificate of to transact business in Florida.
		oncerning this matter to the	_	ted hability company t	o transact ousiness in a rotton.
		SON MULL	۲ ۱۸۱		
			Name of Person		
	_ 500 TH	en GROJP,	LLC		
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		~♥ KA City			<u> </u>
	jusm	mullius @ c E-mail address: (to be u	omcast. ne	+	
	J	E-mail address: (to be u	sed for future annua	l report notification)	
For further info	rmation concernin	g this matter, please call:			
	Jason N		at (33 4) 850 - 50	04
	Name o	f Contact Person	Area Code	Daytime Telep	hone Number
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			STREET ADDRES Division of Corporal Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 3236	tions ter Circle
	heck for the follow 25.00 Filing Fee	ring amount: \$\Bigsim \frac{1}{2}\\$130.00 Filing Fee & Certificate of Status	∠ □ \$155.00 Fili	_	00 Filing Fee, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902	, FLORIDA STATUTES,	THE FOLLOWING IS	SUBMITTED TO I	REGISTER A FOREIGN	LIMITED LIABILITY
COMPANYTOTRANSACT BUSINESS IN TH	IE STATE OF FLORIDA:				

(Name of Foreign Limited Liability Company; must include "I			
If name unavailable, enter alternate name adopted for the purpose of transactiability Company," "L.L.C," or "LLC.")		I A I	clude "Limited
(Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number,	if applicable)	
(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.)	a, if prior to registration.) to determine penalty liability		3 [
			平 つ ?
(Street Address of Principal Of WETOMPKA, AL 36 III KINUS FOM WAY, ST (Mailing Address)	ffice)	DA	pione Pione
E WETSMPKA, AL 36	० ९ ३		
116 KINGS FEW WAY ST (Mailing Address)	: AUGUSTINE, FL	32089	<u>-</u>
. Name and street address of Florida registered agent: (P.O. Box N			
Name: Jaian Mullins Office Address: 116 Kinos FERRY WAY			
Office Address: 116 KINGS FERRY WAY	<u> </u>		
ST. AUGUSTINE	, Florida	32084	
(City) Registered agent's acceptance:	()	Zip code)	
Having been named as registered agent and to accept service of pro- lesignated in this application, I hereby accept the appointment as 15 to complywith the provisions of all statutes relative to the proper an accept the obligations of my position as registered again.	egistered agent and agree	to act in this capaci	ity. I further agre
(Registered agent'	s signature)		
8. The name, title or capacity and address of the person(s) who has/l		s/are·	
Jasm Mullin's	· -		
OWNER/ OPCLATOR	116 KWBS F	NE, FL	32084
MANAGER (SEE ABOVE)			_
9. Attached is a certificate of existence, no more than 90 days old, dulurisdiction under the law of which it is organized. (If the certificate is of the translator must be submitted)	ly authenticated by the offi s in a foreign language, a t	icial having custody ranslation of the cert	of records in the ificate under oath

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAION S. MYLLINS SR.

John H. Merfill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Southern Group, L.L.C. was formed in Elmore County, Alabama on October 16, 2002. The Alabama Entity Identification number for this entity is 685-391. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

TALLAHASSEE EL ADINA



20160525000018876

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

5/25/2016

Date

X. W. Merill

John H. Merrill

Secretary of State