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	Business Entity Name)	<u> </u>
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2016

GILES STEVENS 1195 THORNWELL DRIVE NE ATLANTA, GA 30319

SUBJECT: BELL CURVE GAINESVILLE, LLC

Ref. Number: W16000049525

We have received your document for BELL CURVE GAINESVILLE, Lack 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 failed to make the correction(s) requested in our previous letter.

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.

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: 616A00016937



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2016

GILES STEVENS 1195 THORNWELL DRIVE NE ATLANTA, GA 30319

SUBJECT: BELL CURVE GAINESVILLE, LLC

Ref. Number: W16000049525

We have received your document for BELL CURVE GAINESVILLE, 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):

Please provide street address of the Principal Office.

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

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.

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 m

Letter Number: 416A00014951

COVER LETTER

Registration Section

TO:

VIV	vision of Corporation Bell Curve Gainesy						
SUBJECT:		·	Limited Liability	Company			
		reign Limited Liability Com d to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Giles Stevens						
		N	ame of Person				
		F	irm/Company				
	1195 Thornwe						
			Address				
	Atlanta, GA 30	319				ELAH.	
		City/S	State and Zip Code	;		338X 187 81	
	gilesstevens@ou	tlook.com					
		E-mail address: (to be use	d for future annua	l report no	tification)	108.00 108.00	
For further in	nformation concernin	g this matter, please call:				39	
Gil	es Stevens		404 at (918-03	31		
	Name o	of Contact Person	Area Code	Day	time Teleph	one Number	
Div Reg P.O	vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS of Corporation Section suilding ecutive Cente see, FL 3230	ons er Circle	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Boxed{1}\$130.00 Filing Fee & Certificate of Status}	□ \$155.00 Fili Certified Copy			Filing Fee, Cert & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iability Company," "L.L.C," Geogia	3		
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI number, if applicable	e)
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to	-adiatestion)	
	(See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)	
- 1175 140	anell Dr. NE	·	 ,
Atlanta	6A 30319		_
1195 Thornwell Drive N	(Street Address of Principal Office)		
-	l Li		AHA AHA AHA
Atlanta, GA 30319			
	(Mailing Address)		T FITT
Name and street address	of Florida registered agent: (P.O. Box NOT accepts	able)	5 TH
Name:	REGISTERED AGENTS INC.	-	- 台灣 · •
Office Address:	3030 N. Rocky Point Drive, STE 150A	-	.
	TAMPA	, Florida 33607	
	(City)	(Zip code)	_
Registered agent's accept	ance:	e above stated corporation	n at the place desig
laving been named as reg his application, I hereby a	ance: ristered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performa ion as registered agent	e to act in this capacity. I	l further agree to co m familiar with and
Taving been named as reg his application, I hereby a hith the provisions of all s	ance: ristered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performa ion as registered agent	e to act in this capacity. I nce of my duties, and I a	l further agree to co m familiar with and
Taving been named as reg us application, I hereby a ith the provisions of all s ue obligations of my posit	ance: cistered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performa ion as registered agent Bill Havre/	e to act in this capacity. I nce of my duties, and I a Assistant Secretary/	l further agree to co m familiar with and
Taving been named as regains application, I hereby a lith the provisions of all sine obligations of my position. 3. The name, title or capacity.	ance: ristered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performation as registered agent Bill Havre/ (Registered agent's signature)	e to act in this capacity. I nce of my duties, and I a Assistant Secretary/	l further agree to co m familiar with and
Taving been named as regains application, I hereby a with the provisions of all sine obligations of my position. B. The name, title or capacity.	ance: ristered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performation as registered agent Bill Havre/ (Registered agent's signature)	e to act in this capacity. I nce of my duties, and I a Assistant Secretary/	l further agree to co m familiar with and
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Taving been named as regains application, I hereby a lith the provisions of all sine obligations of my position. 3. The name, title or capacity.	ance: ristered agent and to accept service of process for the accept the appointment as registered agent and agree tatutes relative to the proper and complete performation as registered agent Bill Havre/ (Registered agent's signature)	e to act in this capacity. I nce of my duties, and I a Assistant Secretary/	l further agree to co m familiar with and
Javing been named as regards application, I hereby a with the provisions of all size obligations of my positions. 3. The name, title or capacities Stevens, Manager 1195	ance: distered agent and to accept service of process for the discept the appointment as registered agent and agree datutes relative to the proper and complete performation as registered agent Bill Havre// (Registered agent's signature) city and address of the person(s) who has/have author A 30319 of existence, no more than 90 days old, duly authenticate which it is organized. (If the certificate is in a foreign	e to act in this capacity. Ince of my duties, and I an	I further agree to come familiar with and a second Age

Typed or printed name of signee

Control Number: 16045983

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

Bell Curve Gainesville, 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. 15, dit-10

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether of 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

: Georgia :08/19/2016 :211

Jurisdiction Print Date Form Number

Brian P. Kemp

Secretary of State

: 13262928

: 05/11/2016



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