

M160000706956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

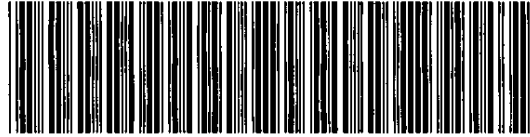
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000289578760

08/29/16--01027--007 **125.00

FILED
16 AUG 29 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATKINSON | FERGUSON_{LLC}

Natalie Reagan
Email: nreagan@atkinsonferguson.com

ATTORNEYS AT LAW
118 COURT STREET
MONROE, GA 30655

p (770) 267-3000
f (770) 267-6200
atkinsonferguson.com

August 26, 2016

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application for Georgia LLC to transact business in the State of Florida

To Whom It May Concern:

Enclosed please find the following items in connection with the above-referenced request:

1. Application for foreign entity Bonita Cube Partners, LLC to transact business in the State of Florida;
2. Current Georgia Certificate of Existence for Bonita Cube Partners, LLC;
3. Check in the amount of \$125.00 to cover the filing fee; and
4. Prepaid FedEx envelope to be used to conveniently return the final letter of acknowledgement to this office.

Please do not hesitate to contact me with any questions.

Sincerely,

ATKINSON | FERGUSON, LLC



Natalie Reagan

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bonita Cube Partners, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Chris Atkinson

Name of Person

Atkinson Ferguson, LLC

Firm/Company

118 Court Street

Address

Monroe, Georgia 30655

City/State and Zip Code

ryan@whitepointpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Hanks

704

748-0400

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$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:

1. Bonita Cube Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Entity has not yet transacted business in Florida
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4064 Colony Road, Suite 430, Charlotte, North Carolina, 28211

(Street Address of Principal Office)
6. 4064 Colony Road, Suite 430, Charlotte, North Carolina, 28211

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stefania Rocco **Stefania Rocco**
(Registered agent's signature) Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ryan Hanks, Manager
4064 Colony Road, Suite 430
Charlotte, North Carolina

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

Ryan Hanks
Typed or printed name of signee

FILED
16 AUG 29 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bonita Cube Partners, 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

FILED
16 AUG 29 PM 4:5
SECRETARY OF STATE
ATLANTA, GEORGIA
2016/08/25/2016
:211



Brian P. Kemp
Secretary of State