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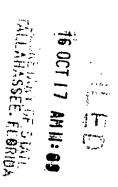
(Re	equestor's Name)					
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#### **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns						
SURI	SFR Pro, LLC							
SUBJECT:Name of Limited Liability Company								
The er Existe	closed "Application by Fonce, and check are submitt	reign Limited Liability Comp ed to register the above refere	any for Authorizat	ion to Tra ed liability	nsact Business in Florida," C company to transact busine	Certificate of ss in Florida		
Please	return all correspondence	concerning this matter to the	following:					
	Bruce Douglas, General Counsel							
	<del> </del>	Na	ame of Person					
	SFRPro, LLC	SFRPro, LLC						
	<del></del>	Fi	rm/Company					
	1090 Northchase Pkwy SE, Suite 300							
		• • • • •	Address					
	Marietta, Georgia 30067							
		City/S	tate and Zip Code	•				
	bruce.douglas@	keyco.com						
		E-mail address: (to be used	d for future annual	report not	ification)			
For fu	rther information concerni	ng this matter, please call:						
	Bruce Douglas		678 at (	324-136	53, Ext. 2012			
	Name	of Contact Person	Area Code	Day	time 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						
Enclo	sed is a check for the follo \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce 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.

COMPANYTO TRANSACT BL	JSINESS IN THE STATE OF FLORIDA:		
SFRPro, LLC			
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	"LLC.")
If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transa "or "LLC.")	cting business in Florida. The alternate nam	e must include "Limited
Georgia .	3. 81	-1593034	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			<del>-</del>
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	
5. 1090 Northchase Pkwy	SE, Suite 300		_
Marietta, Georgia 3006			
	(Street Address of Principal O	ffice)	•
5. 1090 Northchase Pkwy	SE, Suite 300		-
Marietta, Georgia 3006	7		
	(Mailing Address)		٠ 
7. Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	6
Name:	Paracorp Incorporated		
Office Address:	155 Office Plaza Drive, 1st Floor		S 5 7
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
designated in this applica to complywith the provision	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as toons of all statutes relative to the proper at my position as registered agent.  (Registered agent	registered agent and agree to act in this id complete performance of my duties,	is capacity. I further agree
8. The name, title or capa	ncity and address of the person(s) who has/	have authority to manage is/are:	
Paul Svihla, Manager			
1090 Northchase Pkwy SI	E. Suite 300		
Marietta, Georgia 30067			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, du of which it is organized. (If the certificate abmitted)  Signature of an authorized.	ily authenticated by the official having a is in a foreign language, a translation of the control of the contro	the certificate under oath
This document is executed submitted in a document to	I in accordance with section 605,0203 (1) ( the Department of State constitutes a third	b), Florida Statutes, I am aware that any I degree felony as provided for in s.817.	false information

Typed or printed name of signee

Bruce Douglas

Control Number: 16009822

## 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

SFRPro. 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

Print Date Form Number : 13524021

: 02/02/2016 : Georgia : 10/12/2016

:211



Brian P. Kemp Secretary of State