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| questor's Name) | | | | | | |
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| _ Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

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| TO: | | istration Section sion of Corporatio | ns | | | | |
|---------|---------------------|--|--|------------------------------------|--|---|--|
| SUBJI | FCT. | DreamVest Constru | | | | | |
| 0000 | LCT. | | | f Limited Liability | Company | . : | |
| | | | | | | ansact Business in Florida," C y company to transact busines | |
| Please | return | all correspondence | concerning this matter to the | e following: | | | |
| | | David Gordon | | | | | |
| | | | 1 | Name of Person | | | |
| | | DreamVest Co | nstruction, LLC | | | | |
| | | | Ĭ | Firm/Company | | | |
| | | 5665 Atlanta F | lwy, Ste. 103-109 | | | | |
| | | | | Address | | | |
| | | Alpharetta/GA | 30004 | | | | |
| | | | City/ | State and Zip Code | ; | | |
| | | dgordon@dvcbu | ilt.com | | | | |
| | | | E-mail address: (to be use | ed for future annua | l report no | tification) | |
| For fur | ther in | formation concerning | ig this matter, please call: | | | | |
| | Dav | id Gordon | | 770 at (| 651-10 | | |
| | | Name | of Contact Person | Area Code | Day | ytime Telephone Numbe: | |
| | Divi Reg P.O. | ILING ADDRESS sion of Corporation istration Section Box 6327 ahassee, FL 32314 | | | Division Registrat Clifton E 2661 Exc | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| Enclos | | check for the follow 125.00 Filing Fee | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filit Certified Copy | | \$160.00 Filing Fee, Cert of Status & Certified Copy | |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate mune : | adopted for the purpose of transacti | ng business in Florida. The alternate nam | ne must include "t imited |
|--|--|---|--|
| Liability Company," "L.L.C," or "Lf.C.") | | • | |
| 2 Georgia | | 784655 (FEI number, if applicable) | · · · · · · · · · · · · · · · · · · · |
| (Jurisdiction under the law of which foreignment is organized) | agn limited hability | (FEI number, it applicable) |) |
| 4. No business has been transacted in | | | _ |
| (Date (See see | e first transacted business in Florida, ctions 605.0904 & 605.0905, F.S. to | if prior to registration.) determine penalty liability) | |
| 5. 5665 Atlanta Hwy, Sie. 103-109 | | | _ |
| Alphuretta, GA 30004 | | | - |
| 6445 Marta Dan, St. 1432 100 | (Street Address of Principal Offi | ce) | - |
| 6, 5665 Atlanta Hwy., Ste. 103-109 | | | - |
| Alpharetta, GA 30004 | | | ••• |
| | (Mailing Address) | | · |
| 7. Name and street address of Florida r | registered agent: (P.O. Box NO | <u>T</u> acceptable) | 意思 |
| Name: Janet | t J. Ostroff | - | 34 € C C |
| Office Address: 11900 | Biscayne Blv. | d, Ste 720 , Florida 33181 | -9 -9 |
| Phia. Registered agent's acceptance: Having been named as registered agen designated in this application, I hereby to complywith the provisions of all stat accept the abligations of my position a | nt and to accept service of proce y accept the appointment as reg tutes relative to the proper and | (24) code) ess for the above stated limited liabi istored agent and agree to act in thi complete performance of my duties | is capacifie! I fun dre r agree |
| 8. The name, title or capacity and addr | iress of the person(s) who has/hav | e authority to manage is/are: | |
| David Gordon, General Manager | | | |
| 5665 Atlanta Hwy., Ste. 103-109 | | | |
| Alpharetta, GA 30004 | | | • |
|). Attached is a certificate of existence, urisdiction under the law of which it is of the translator must be submitted) | | | |
| | 1 \ 1 / / / / / . | _ | |
| | Signature of up adjusting | and narran | - |

Typed or printed name of signee

Control Number: 15073236

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

DREAMVEST CONSTRUCTION, 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

;15387423 ;07 13/2015 sheega +12/11/2016



Brian P. Kemp Secretary of State