

M170000000325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

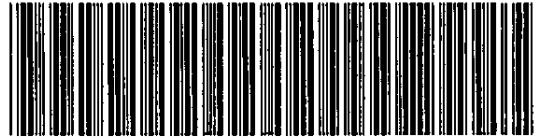
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JAN 11 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 12 2017



January 10, 2017

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
("APPLICATION") FOR DD LR 22.54, LLC

Dear Sir/Madam:

Enclosed is the original, above-referenced Application, the Certificate of Existence as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Application as well as the Designation of Registered Agent Fee. Please file the document and return evidence of same to me.

Thank you for your attention and assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'DM Martin', written over a horizontal line.

Debora M. Martin  
Paralegal

Encl.

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17 JAN 11 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DD LR 22.54, 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:

**Debora M. Martin**

Name of Person

**Davis Development, Inc.**

Firm/Company

**403 Corporate Center Drive, Suite 201**

Address

**Stockbridge, Georgia 30281**

City/State and Zip Code

**debora.martin@davisdevga.com**

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

For further information concerning this matter, please call:

**Debora M. Martin**

Name of Contact Person

**770**

Area Code

**474-4345**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **DD LR 22.54, 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **403 Corporate Center Drive, Suite 201**

**Stockbridge, Georgia 30281**

(Street Address of Principal Office)

6. **403 Corporate Center Drive, Suite 201**

**Stockbridge, Georgia 30281**

(Mailing Address)

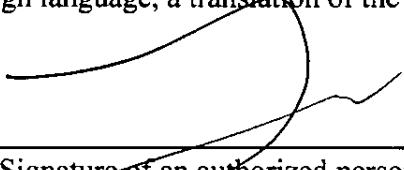
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Davis Development, Inc., Manager**

**403 Corporate Center Drive, Suite 201**

**Stockbridge, Georgia 30281**

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**Lance A. Chernow, General Counsel**

Typed or printed name of signee

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JAN 11 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is: CT Corporation System

2. The name and address of the registered agent and office is:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Mike Jones, Assistant Secretary

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JAN 11 PM 12:22  
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

**DD LR 22:54, 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

17  
JAN 17 2016  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12/28/2015  
PM 12:22



*B. P. Kemp*

Brian P. Kemp  
Secretary of State