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## **COVER LETTER**

Name of Limited Liability Company  he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certificat xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certificat xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, "Certification"  Beverly Zoeller		Holdings, LLC
Address  Brookhaven, GA 30319  City/State and Zip Code  Beverly Zoeller  Beverly Zoeller  Name of Person  Happy Place Holdings, LLC  Firm/Company  J396 Brawley Circle  Address  Brookhaven, GA 30319  City/State and Zip Code  bevzoellen@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Beverly Zoeller  Beverly Zoeller  at ( 404 ) 840-1965  Name of Contact Person  Area Code Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section Registration Section P.O. Cition Building Tallahassee, FL 32314  Tallahassee, FL 32314		Name of Limited Liability Company
Beverly Zoeller  Name of Person  Happy Place Holdings, LLC  Firm/Company  1396 Brawley Circle  Address  Brookhaven, GA 30319  City/State and Zip Code  bevzoeller@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Beverly Zoeller at (404 ) 840-1965  Name of Contact Person Area Code Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section Registration Section P.O. Cirton Building 2661 Executive Center Circle Tallahassee, FL 32314		
Name of Person	lease return all correspondence concerning this m	natter to the following:
Happy Place Holdings, LLC Firm/Company  1396 Brawley Circle Address  Brookhaven, GA 30319 City/State and Zip Code  bevzoeller@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Beverly Zoeller at 404 840-1965 Name of Contact Person Area Code Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section Box 6327 Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301		Beverly Zoeller
Brookhaven, GA 30319		Name of Person
Brookhaven, GA 30319	<del></del>	
Brookhaven, GA 30319  City/State and Zip Code  bevzoeller@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Beverly Zoeller at (404 ) 840-1965  Name of Contact Person Area Code Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Zoeller at (404 ) 840-1965  City Street Address:  STREET ADDRESS: Division of Corporations Registration Section P.O. Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Firm/Company
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Devzoeller@gmail.com		Addiess
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Name of Contact Person  Area Code  Daytime Telephone Number  STREET ADDRESS:  Division of Corporations  Registration Section  Box 6327  Tallahassee, FL 32314  Area Code  Daytime Telephone Number  STREET ADDRESS:  Division of Corporations  Registration Section P.O.  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	or further information concerning this matter, ple	rase call:
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Division of Corporations  Registration Section  Box 6327  Clifton Building  Tallahassee, FL 32314  Division of Corporations  Registration Section P.O.  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	and the second s	
Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS:	STREET ADDRESS:
Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	<u> </u>	
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301		
Tallahassee, FL 32301		
nclosed is a check for the following amount:	Talianassee, FL 32314	
	nologed is a check for the following amount:	
□ \$125.00 Filing Fee X□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	acrosed is a check for the fortowing amount.	
Y FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS	□ \$125.00 Filing Fee X□ \$130.00 Fi Certificate of Sta	atus Certified Copy of Status & Certified Copy APPLICA

	Нарру	Place Holdings, LI	LC		**		
(Name	of Foreign Limited Liabilit	y Company; must inc	lude "Limited Liab	lity Company	," "L.L.C.," or "	LLC.")	
	Happy Pla	aces Holdings, LLC					
	e, enter alternate name adopt	ted for the purpose of	transacting business	s in Florida. T	he alternate nam	e must include "L	imited
2. State of Georgia		3	81-5221498				
(Jurisdiction under company is organize	the law of which foreign li		01-3221470	(FEI numbe	er, if applicable)		<del></del>
4		transacted business is 605.0904 & 605.090				-	
5. <u>1396 Brawley</u>	Circle, Brookhaven GA	30319		<del></del>	<del></del>		
	(S	treet Address of Princ	cipal Office)		<del></del>		
5. <u>1396 Brawley</u>	Circle, Brookhaven GA	30319	****			SECR	17 7
						ETAF	i i i i i i i i i i i i i i i i i i i
(Mailing Address)						7 AH SEELF	S Marine
7. Name and stree	t address of Florida regis	tered agent: (P.O.	Box NOT accept	able)		# 7: FLO FLO	
Name:	Shannon L. Widman						Mary of As
Office Address: _	600 Grand Boulevard	#201					
	Destin, Florida			, Florida _	32550	_	
designated in this to comply with the	s acceptance: ed as registered agent an application, I hereby acc provisions of all stande ligations of my position of	cept the appointme is relative to the pro	nt as registered a oper and complete	gent and agi	ree to act in th	is capacity. I fu	rther agr
	Mes		d agent's signature)				
	or capacity and address of the control of the contr	of the person(s) who	o has/have authori	ty to manag	e is/are:		

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 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.
Beverly Zoeller
Typed or printed name of signee

TEB 27 M 7. 41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Control Number: 17011895

# STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

### Happy Place Holdings, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 02/02/2017 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 02/06/2017



B: flame

Brian P. Kemp

Secretary of State