Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (800) 345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future

Email Address:

# Foreign Limited Liability Company F7 CCO, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	04	
Estimated Charge	\$155.00	

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D. SCOTT

APR 2 6 2017

**2017 APR 25** 

### COVER LETTER

	Registration Section Division of Corporation	15					
SUBJEC	F7 CCO, LLC						
		Name of	Limited Liability	Company			
The enclo	osed "Application by Fore, and check are submitted	eign Limited Liability Comp d to register the above refer	enced for Authorization	ation to Transact Business in Florida," ted liability company to transact busine	Certificate of ess in Florida.		
Picase ret	turn all correspondence o	oncerning this matter to the	following:				
	David Hendrick	800					
		N	ame of Person <sup>th</sup>				
	The Brookdale Group						
	Firm/Company						
	3455 Peachtree Road NE, Suite 650						
Address							
	Atlanta, GA 303	326					
City/State and Zip Code							
	dhendrickson@br	rookdalerealty.com					
		E-mail address: (to be used	for future annua	report notification)			
For further	er information concerning	this matter, please call;		٠. ٨ . ١			
1	David Hendrickson		404 ut (	364-8087	·4		
-	Name of	Contact Person	Area Code	Daytime Telephone Number	FILED BR 25 B		
	MAILING ADDRESS:			STREET ADDRESS:	O M		
	Division of Corporations Registration Section		, T <sub>a</sub>	Division of Corporations Registration Section	) 至 O		
	P.O. Box 6327		$\mathcal{L}_{\#}$	Clifton Building	ب ا		
1	Fallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	5 6		
Enclosed i	is a check for the followi	ng amount:		*			
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filis Certified Copy				

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. F7 CCO, LLC				
(Name of For	eign Limited Liability Company, mu	st include "Limited D	ability Company," L.L.C.," o	(Lee)
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpos " or "LLC.")	c of transacting busine	ss in Florida. The alternate na	me must include "Limited
2. Georgia		3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	.)
4	(Date first transacted busine (See sections 605,0904 & 605	ess in Florida, If prior t	o registration.)	<del></del>
5. c/o The Brookdale Gro	oup, 3455 Peachtree Road NE, St			_
Atlanta, GA 30326				<b></b>
6. c/o The Brookdale Gro	(Street Address of) up, 3455 Peachtree Road NE, Su			
Atlanta, GA 30326				_
· · · · · · · · · · · · · · · · · · ·	(Mailing	Address)		 بد ،
7. Name and street address	s of Florida registered agent: (P.	O. Box NOT accept	table)	-10 ·-
Name:	Capitol Corporate Services, Inc	ç. <u>ç</u> .		量る工
Office Address:	155 Office Plaza Drive, Ste. A	<u> </u>	<del></del>	FILED PR 25 F
	Tallahassee (City)		, Florida <u></u>	
designated in this applica- to complywith the provision	tance: gistered agent and to accept servitors, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	lment as registered o	igent and agree to act in the entropy of my dutters, Kim Tadlock, As	ils capacity. I further agree
	(Regist	tered agent's signature)		
8. The name, title or capa C. L. Davidson, III, Author	wity and address of the person(s) prized Signatory	who has/have autho	rity to manage is/are:	
c/o The Brookdale Group,	3455 Peachtree Road NE, Suite	650		
Atlanta, GA 30326				
	(X) source		gn language, a translation o	
	in accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florida	Statutes. I am aware that an	
acomment in a coemical w	C. L. Davidson, III	nes a mun negles ter	ony as provided for in 8,81.	، با رس د ، ،
	Typed or n	orinted name of signee		<del>- Trian</del>

Control Number: 17044202

# 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

## F7 CCO, 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

B: P. Kemp Brian P. Kemp Secretary of State

