Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company CRAFT CUSTOM HOMES, LLC

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|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY JUN -1 2017 Registration Section

TO:

COVER LETTER

| Divis | ion of Corporations | | | | | |
|----------------------------------|--|---|---------------------------------|--|--|---------------------------------|
| SUBJECT: _ | Craft | Custom | Homes of Limited Liability | LL | <u>. C</u> | |
| The enclosed " Existence, and | Application by Foreign check are submitted to r | Limited Liability Cor | mpany for Authoriz | ation to 'i | ransact Business in Florida," (ity company to transact busine | Certificate of ss in Florida |
| Please return a | Il correspondence conce | ming this matter to th | ne following: | | | |
| | | | | | | |
| | | | Name of Person | | | |
| | Capitol Services - | Corporate Filings | Team | | | |
| | | | Firm/Company | | | |
| | 206 E. 9th St., Ste | . 1300 | | · · · · · · · · · · · · · · · · · · · | | |
| | | | Address | | | |
| | Austin TX 78701 | | | | | |
| | | City/ | State and Zip Code | ! | | |
| | _ rox@rat | renepa. c | ρM | | | |
| | l:-m | ail address: (to be us | ed for future unnua | report n | otification) | |
| For further info | rmation concerning this | matter, please call; | | | | |
| Ki | m Tadlock | | at (800 | 345- | 1647 | |
| | Nume of Con | lact Person | Area Code | l)a | ytime Telephone Number | |
| Divisio Registi P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 | | | Divisior Registra Clifton I 2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle sec, FL 32301 | |
| | | nount: 30,00 Filing Fee & ificate of Status | S155.00 Filin Certified Copy | g Fce & | \$160.00 Filing Fee, Certi of Status & Certified Copy | ficate |

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

| | Custom Home | , | |
|--|--|---|--|
| (Name of Poreign | Limited Liability Company; must include "Limi | red Liability Company," "L.L.C.," or "I.U.C. | ") |
| ane anavailable, enter alterane a | amo adopted for the purpose of transacting business in F | lords. The sharmus name must include "Limited L | lability Company," "L.L.C," or "L.L.C.") |
| GA | | 3, | 155 |
| (Jurisdiction under the law of w | ich foreign limited liability company is organized) | (P)) nm | nber, if applicable) |
| | | | |
| | (Date first transacted business in Florida, if prior in (See sections 605,0904 & 605,0905, F.S. to determ | nine penalty liability) | _ |
| 1355 Tem | | 6. 1355 Terrel | 1 Mill Rd |
| Blda 1470 | rincipal Office) Ste 100 | Blda 1470 | Ste 100 |
| Mareta | SA 30067 | Marietta G | 30067 ~ |
| <u> </u> | | | \$ c. 1 |
| Name and street addres | s of Florida registered agent: (P,O. Bo | x NOT acceptable) | CG B |
| Name | Capitol Corporate Services, Inc. | | 到了 |
| Name: | | <u> </u> | S. S. S. |
| Office Address: | 155 Office Plaza Dr Ste A | | Fig |
| | Tallahassee | . Florida <u>32301</u> | |
| gistered agent's accep | (City) | (Zip co | (A) (A) |
| | of my position as registered agent. | V!— Todlook | Annt Panentanian in habi |
| | of my position as registered agent. | /. A 11 1 | Asst. Secretary on behi Corporate Services, Inc. |
| | | im ladlach of Capitol | • |
| d accept the obligations The name, title or capa | (Registered agent's | of Capitol signature) as/have authority to manage is/are: | Corporaté Services, Inc |
| d accept the obligations | eity and address of the person(s) who h | signature) of Capitol | • |
| The name, title or capa | (Registered agent's city and address of the person(s) who hame and Address: Patrick A. Freese | as/have authority to manage is/are: Title or Capacity: | Corporaté Services, Inc |
| d accept the obligations The name, title or capa | city and address of the person(s) who h Name and Address: Patrick A. Freese 4138 Barberry Dr No | as/have authority to manage is/are: Title or Capacity: | Corporaté Services, Inc |
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| d accept the obligations The name, title or capa Title or Capacity: Medical | eity and address of the person(s) who have and Address: Patrick A. Freese A138 Barberry Dr No [209Ne]], GA 30075 | as/have authority to manage is/are: Title or Capacity: | Corporaté Services, Inc |
| The name, title or capa Title or Capacity: MAGGING Mexical Ise attachments if necess Attached is a certificate | city and address of the person(s) who hame and Address: Patrick A. Freese A138 Barberry Dr No Pooned GA 30075 | as/have authority to manage is/are: Title or Capacity: | Corporate Services, Inc. Name and Address: aving custody of records in the |
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Control Number: 16015518

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

Craft Custom Homes 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

Jurisdiction
Print Date
Form Number

: 1468756\$: 02/19/2016 : Georgia : 05/31/2017

B: P. Kemp Secretary of State