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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: TWG/SHR DVersecs 82, 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:
Don Brysn T Name of Person
Songy Highroads, LLC Firm/Company
6 Concourse Parkury, Suite 925 Address
Atlant, 6A 30328 City/State and Zip Code
City/State and Zip Code dor/ant @ song Mighroads. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Don Bryant at (404) 995-816/ Name of Contact Person Area Code 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: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigcup \Bigcup \\$155.00 \text{ Filing Fee & Certified Copy} \Bigcup \Bi

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

(Name of Foreign	Coverses 52, LLC Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "I	LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limi	ited Liability Company," "L.L.C," or "LLC.")	
2. Delaware		3. 82-1679	217	
(Jurisdiction under the law of w	hich foreign linuted liability company is organized)	(Fi	El number, il applicable)	
4	(Data first transported business in Florida, if evice to	- Marian)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ		> 1 ++022	
5. 6 Concourse (Street Address of I	Parkway # 925 Trincipal Office)	6. 6 Concoun	rse Parkway #925 GA 30328	
Atlanta, GA	30328	AHanta".	GA 30328	
	_		•	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	C T Corporation System		E.c.	
Office Address:	1200 So. Pine Island Rd.			
Office Hadress.	Plantation		JUA .	37.
	(City)	, Florida <u>333</u>	Zip code)	N Tarken
Having been named as re lesignated in this applicat	gistered agent and to accept service of pion, I hereby accept the appointment a	s registered agent and agree to	o act in this capacity. I further ag	ree
lesignated in this applicate to comply with the provisi	gistered agent and to accept service of join, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent.	s registered agent and agree to and complete performance of	o act in this capacity. I further as I my duties, and Emil familiar will	ree
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Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TWG/SHR OVERSEAS 82, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2017.

Authentication: 202745687

Date: 06-20-17