# M1700005512

| (Re                     | equestor's Name)     |          |
|-------------------------|----------------------|----------|
|                         |                      |          |
| (Ac                     | ddress)              | <u></u>  |
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| PICK-UP                 | ☐ WAIT               | MAIL     |
|                         |                      |          |
| (Bı                     | usiness Entity Name  | )        |
|                         | ocument Number)      |          |
| (De                     | ocument Number)      |          |
| Certified Copies        | Certificates o       | f Status |
|                         |                      |          |
| Special Instructions to | Filing Officer:      |          |
|                         |                      |          |
|                         |                      |          |
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Office Use Only



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# **COVER LETTER**

| ŤO;       | Registration Section Division of Corporation  | DS  |                                    |  |  |
|-----------|---|---|------------------------------------|--|--|
| SUBJE     | CT:   | C FIFTY Three LLC Name of L                               |                                    |  |  |
|           |   | Name of L   | imited Liability (                 | Company                                  |  |
|           |   |   |                                    |  | sact Business in Florida," Certificate of company to transact business in Florida. |
| Please re | eturn all correspondence o  | concerning this matter to the f                           | ollowing:                          |  |  |
|           |   | Michael Evertsen  |                                    |  |  |
| •         |   | Na  | me of Person                       |  |  |
|           | <b>TLC</b>  | FIFTY Three, LLC  |                                    |  |  |
|           |   | Fir   | m/Company                          |  |  |
|           | Corp: 2030 1  | Powers Ferry Rd Ste 460                                   | Address                            |  | <del></del>  |
|           |   | Atlanta 60.30339  |                                    |  |  |
|           |   | City/Sta  | ate and Zip Code                   |  |  |
|           |   | heimera tini 122<br>E-mail address: (10 be used           | yscanhna.com                       | 1  |  |
|           |   | E-mail address: (to be used                               | for future annual                  | report notif                             | ication)   |
| For furth | ner information concerning  | g this matter, please call:                               |                                    |  |  |
|           | Jui   | ie Heimer   | at ( 110_                          | ) a6a.7                                  | 1295   |
|           | Name o  | f Contact Person  | Area Code                          | Dayti                                    | me Telephone Number  |
|           | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327 |   |                                    | Division of<br>Registratio<br>Clifton Bu | ilding   |
|           | Tallahassee, FL 32314   |   |                                    |  | utive Center Circle<br>e, FL 32301   |
| Enclosed  | d is a check for the follow ☐ \$125.00 Filing Fee                                     | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin<br>Certified Copy | ıg Fee &                                 | 2 \$160.00 Filing Fee, Certificate of Status & Certified Copy                      |

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

| IN COMPLIANCE WITH SEC<br>COMPANY TO TRANSACT BU        |                 | •                      |   | <i>LOWING</i>   | IS SUBMITTED         | TO REGISTI         | ER A FOREIGN       | ' LIMITED LIABILI  |
|---|-----------------|------------------------|---|-----------------|----------------------|--------------------|--------------------|--------------------|
| 1 1   | LC FIFI         | hathree LLC            | nust include "Limited                                     | i and the co    | ***                  | D M I 6 D          |                    |                    |
| (Name of Loteign  | Munico Cir      | ionity Company, i      | nusi include "lamited                                     | rraniină Co     | тршу, сл.с.,         | dr CLC. )          |                    |                    |
| (If name unavailable, enter alternate a                 | ume adopted     | for the purpose of tra | nsacting business in Flori                                | da, The alterna | ste namo must includ | e "Limited Linb    | ility Company," "L | L.C," or "LLC.")   |
| 2. Georgia  |                 |                        |   | 3               | 47-388509            | 0                  | (38850             | 90)                |
| (Jurisdiction under the low of wi                       | nich foreign li | imited liability compa | my is organized)  |                 |                      | (FEI numb          | er, il applicable) |                    |
| 4   | nla r           | opens Qua              | 2017  |                 |                      |                    | <del></del>        |                    |
|   | (See se         | etians 605,0904 & 6    | as in Florida, if prior to n<br>05.0905, F.S. to determin | e penalty liabi | lity)                |                    |                    |                    |
| 5. 619 S. Woodwo  | ove Ave         | St, C-103              |   | 6               | 2030 F               | Owers Fe           | my Rd St. 1        | 160                |
| Tallahassee Fi  |                 |                        |   |                 | Ottone               | a Ga.              |                    | = ~                |
|   |                 |                        | <del></del>   |                 |                      |                    | 2                  | بر الله            |
|   |                 | <del></del>            | <del></del>   |                 |                      |                    | 7                  |                    |
| 7. Name and street addres                               | s of Flori      | ida registered a       | igent: (P.O. Box  | NOT acce        | eptable)             |                    |                    | TIME PH 1:54       |
| Name:   | B&              | C Corporate Se         | ervices of Central  | Florida, Ir     | IC.                  |                    |                    | 変まり                |
|   |                 | <u>-</u>               |   |                 | <del></del>          |                    |                    | 1. C.              |
| Office Address:   |                 | <del></del>            | enue, Suite 1400  |                 |                      |                    |                    | OKS                |
|   | Orla            | ando                   |   |                 | , Florida _          | 32801              |                    | -                  |
| Registered agent's accep                                | tance:          |                        | (City)  |                 |                      | (Zip code          | <del>;</del> )     |                    |
| Having been named as re                                 |                 |                        |   |                 |                      |                    |                    |                    |
| designated in this applicate to comply with the provisi |                 |                        |   |                 |                      |                    |                    |                    |
| and accept the obligations                              |                 |                        |   | ини сотр        | iete perjormai       | ice oj miy i       | imiicə, ana 1 i    | m jumanu win       |
|   | - • -           | Reai                   | 40 Ral  | ital            | He. Vica             | o ρ <sub>res</sub> | ident              |                    |
|   |                 |                        | (Registered agent's si                                    |                 | <u> </u>             | 1100               | <u> </u>           |                    |
| 8. The name, title or caps                              | city and        | address of the         | nerson(s) who has   | s/have auti     | hority to mana       | pe is/are:         |                    |                    |
| Title or Canacity:                                      | iony and        | Name and A             |   |                 | or Capacity:         | 50 is/ai/c.        | Name and           | Address:           |
| Managing Parmer   | OCFice.         | Was Woods              | ord Ove St. 103   | Man             | Postner              | n(),,,,            | Michael E          | vertgen            |
| (Hallaging Variation                                    | _               | Annahassee, F          |   | 11.00           | ) POITHEL            | _ Ouite.           | c/o 2030 pov       | ners femy kg d     |
|   |                 |                        | <del></del>   | •               |                      |                    | Atlanta, f         | 20, 30034          |
|   | home            | 3117 Ravir             | ne Drive  |                 |                      |                    | 100 Hama           | nn walk se         |
| , <u>.</u>  |                 | Jallahasses            | Fla 32312   | ·               |                      | — home:            | Moneya             | (5a 300b)          |
|   |                 |                        |   | •               |                      |                    |                    |                    |
| (Use attachments if necess                              | sary)           |                        |   |                 |                      |                    |                    |                    |
| 9. Attached is a certificate                            | of existe       | nce, no more ti        | han 90 days old, d  | iuly auther     | nticated by the      | official ha        | ving custody       | of records in the  |
| jurisdiction under the law                              |                 |                        | . (If the certificate                                     | is in a fo      | reign language       | , a translati      | ion of the cert    | ificate under oath |
| of the translator must be si                            | ibmitted)       | •                      |   |                 |                      |                    |                    |                    |
| 10. This document is exec                               |                 |                        |   |                 |                      |                    |                    |                    |
| submitted in a document to                              | the Dep         | artment of Stat        | c constitutes a thir                                      | rd degree       | feleny as provi      | ded for in :       | s.817.155, F.S     | ).                 |
|   |                 | <u> </u>               | Q   |                 |                      | <del></del>        | <del></del> -      |                    |
|   |                 |                        | Signature (   | of an authorize | d person             |                    |                    |                    |
|   |                 |                        | Michael   | Eve             | rtsen                |                    |                    |                    |
|   |                 |                        |   | printed name o  |                      |                    |                    |                    |

Control Number: 17036980

# 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

# TLG FIFTY-THREE 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

: Georgia :06/20/2017 Print Date

Form Number

:14720030

:04/05/2017

