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7/10/2017	Division of Corporations				
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	To: File 1st. Please complete this filing Division of Corporations Fax Number : (850)617-6383 before processing the LP registration From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**				
IVED Muerie	Email Address: Forcign Limited Liability Company 9W HALO GP LLC Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$125.00	FILED STORE IN S 47 TMILANASSEE FLOWED			
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2017-07-10 10:09:32 CST

12122023573 From: Kimberly Laughrey

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 9W Halo GP 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:

Name of Person Firm/Company Address í. City/State and Zip Code rcoffee@angelica.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations** Registration Section Registration Section P.O. Box 6327 Clifton Building η Tallahassee, FL 32314 2661 Executive Center Circle == (٦) Tallahassee, FL 32301 0 Enclosed is a check for the following amount: 🖾 \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy ŗ Ē

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J.

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. 9W Halo GP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

	," or "LLC.")		-	ess in Florida. The alternate n	
2. Delaware (Jurisdiction under the law	of which finging limits	ed liability	3, 38-4040248	(FEI number, if applicabl	e)
company is organized)	or many roro.Bu many	, a nabiny		(i pi lingioni) ii abbiitee.	
4. Upon Qualification	(Date first but	agented business	in Florida, if prior	fr. in mintration \	
	(See sections 60)	5.0904 & 605.09	05, F.S. to determ	ine penalty liability)	
5. c/o Angelica 1105 Lak	ewood Pkwy, Ste 21	0, Alpharotta, (GA 30009		
	(Stree	t Address of Prin	ncipal Office)		
6. Same					
		(Mailing Add	dress)		
7. Name and street address	an of Rhyrida surjeters	d agants (P.O.	Box NOT MOR	ntahla)	
7. Name and sireet augres			BOX NOT ACCE	plattej	
Name:	C T Corporation Sy	ystem			
Office Address:	1200 South Pine Is	land Road			
	Plantation			Florida 33324	
		(City)		(Zip code)	
	gistered agent and id tion, I hereby accept ons of all statutes rej	t the appointme (ative to the pro- cred agent,	ent as registered	agent and agree to act in th	bility company at the place his capacity. I further agree es, and I am familiar with and
to comply with the provision	<u>By:</u>		d agent's signature	Ternell Kearney A	
to comply with the provision	By:	Acgisteroe	d agent's signature	}	
to complywith the provision accept the obligations of r 8. The name, title or capa	By:	he person(s) wh	d agent's signature) prity to manage is/are:	
to complywith the provision accept the obligations of r	By: acity and atteress of plant atteress of plan	he person(s) wh kwy, Ste 210, A	d agent's signature ho has/have autho Alpharetta, GA 30) prity to manage is/are: 0009	

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)

nn 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.

Russell Coffee

Typed or printed name of siguee

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To: Page 5 of 11

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12122023573 From: Kimberly Laughrey

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Attachment to Florida Member / Manager Information 1 Full Name: Member/Manager:

Business Address: City; State: ZIP Code: Philip Davidson Manager c/o Angelica 1105 Lakewood Pkwy, Ste 210 Alpharetta GA 30009

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2017-07-10 10.09 32 CST

12122023573 From: Kimberly Laughrey



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "9W HALO GP 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 SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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SR# 20175126359 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202843004 Date: 07-07-17 1041

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