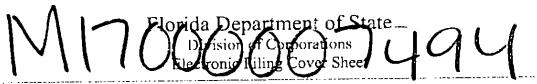
B/30/2017

Division of Corporations



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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Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (512)418-6949 Phone : (954)208-0845 Fax Number

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

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Foreign Limited Liability Company University Holdings Brokerage, LLC

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER (1)

	ersity Holdings Br	okerage, LLC				
JBJECT:		Name of I	Limited Liability C	ompany	-	
e enclosed "App sistence, and che	olication by Foreig ck are submitted to	n Limited Liability Components the components of the control of th	nany for Authorizati meed foreign limite	ion to Transact Business in Florida, and liability company to transact busi	" Certificate of ness in Florida	-
ease return all co	orrespondence con	cerning this matter to the	tollowing:			
	Sarah G. Morang	\$			•	
Name of Person						
	QUARTERMAN.	, HODSON & MORANG	G, P.C.		٠,	•
Fir			irm/Company		-	
	167) Meriweather	: Drive, Suite 103		•		• •
			Address		- .	
	Watkinsville, GA	, 30677				
	 	City/S	itate and Zip Code		-	
S	morang@qhmlaw.					
-	Ī	-mail address: (to be use	d for future unnual	report notification)		
or further inform	nation concerning t	his matter, please call:				
Kimberly Steinmetz		388 at (201-6278	.		
	Name of 0	Contact Person	Area Code	Daytime Telephone Number		
Division Registra P.O. Bo	of Corporations tion Section x 6327 see, FL 32314		.*	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tailahassee, PL 32301		
	ck for the followin ,00 Filing Fee (g amount: □ \$130.00 Filing Fee &	□ \$155.00 Filir	ng Fee & \$160.00 Filing Fee, of Status & Certified C		

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

University Holdings Bri	okerage, LLC				_
(Name of Fore	ign Limited Liability Company; m	•			
If name unavailable, enter all lability Company," "L.L.C,"	ernate name adopted for the purpo or "L.f.C.")	ose of transacting business in	Florida. The alternate man	ne must include "Li	mited
Georgia		3			
(Introduction under the law company is organized)	of which foreign limited liability	. (1	FEI number, if applicable)	
·	(Date first transacted busi (See sections 605,0904 & 60	ness in Florida, if prior to reg 15.0905. F.S. 10 determine per	istration.) nalty liability)		
s. 650 OGLETHOR	RPE AVE STE 2		ومساومة والمقد مستود والرمز فيسادون والمقدومة ومقدوم موافق ومريد ومة		
				AUG 17.71	1 :
ATHENS GA 3	0606-2216 (Street Address o	of Principal Office)		- 包 . 5	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAM
6. P.O. Box 7601	• • • • • • • • • • • • • • • • • • • •			30	1.4.
Athens, GA, 30604					• 1
	(Mailin	g Address)		- 5 <u>.</u> 5	,
2. No see and atmost address	ss of Florida registered agent: (P O Box NOT acceptable	c)	بي ﴿ 2	
/. Name and street agures	C T Corporation System		,	<u></u>	, .
Name:				•	•
Office Address:	1200 South Pine Island Ross		22.25.1		
	Plantation	,	Florida 33324 (Zip code)		
Registered agent's accep	(Ciry)	•	(Zip code)		
Having been named as re designated in this applica- to complywith the provisi	egistered agent and to accept so tion, I hereby accept the uppo ons of all statutes relative to to the position as registered aget.	intment as registerea ager he proper and complete pe it. Kimberly	81 8214 ALETER 10 WALE W	es, and I am fami	liar with and
	acity and address of the person			•	
Michael Swope, M	lember PO Box 7601	, Athens, GA 3060 ⁴	4		-
Jill Swope, Memb	er PO Box 7601, Ath	ens, GA 3 <u>0604</u>			
			 		=
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 rof which it is organized. (If the submitted) Signal	days old, duly author ficate contificate is in a foreign	ed by the official havin language, a translation	g custody of record of the certificate t	rds in the under path .
This document is execute submitted in a document	ed in accordance with section 60 to the Department of State cons	05.0203 (1) (b), Florida Statitutes a third degree felon	y as provided me in sig-	my false informati 17.155, F.S.	on

Typed or printed name of signee

Control Number: 17044219

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

> University Holdings Brokerage, 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. المناف والمعالم والمنطقين والمناف والمناور والمناف وال

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 : 14890389 Date Inc/Auth/Filed: 04/25/2017 Jurisdiction : Georgia $\pm 08/30/2017$ Print Date

Form Number : 211



Brian P. Kemp Secretary of State