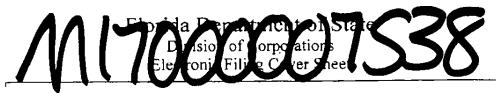
Division of Corporations



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(((H17000235395 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : 120160000003 : (850)777-2091 : (770)220-1943 Fax Number

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Foreign Limited Liability Company Colliers Facility Solutions, LLC

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D. SCOTT

SEP 1

COYER LETTER

	stration Section	
	COLLIERS FACILITY SOLUTIONS, LLC	
SUBJECT:	Name of Limited Liability Company	
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,* Certificate of 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:	
	Sharon K. Gray	
	Name of Person	
	Triad Professional Services	
	Firm/Company	
	1720 Windward Concourse, Stc. 390	
	Address	
	Alpharetta, GA 30005 City/State and Zip Code Cherylimallory@colliers.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:	77
	C:ty/State and Zip Code ・・・・	
	cheryl.mulloryégeoffices.com	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please cail:	ŀ
Shar	on K. Gray 770 777-2091	
	Name of Contact Person Area Code Daytime Telephone Number	
Divi Regi P.O.	LING ADDRESS: sinn of Corporations praction Section Box 6327 chassee, FL 32314 Division of Corporations Registration Section Clifton Building 2561 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 25.00 Filing Fee	

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

IN COMPILANCE WITH SECTION 603,690, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED MAINLITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Colliers Facility Solution		a di Madrida di Santa da Santa di S	TZ 11;
(Nune of Fore	ign Eimited Liability Company; must include "Limited"	Listility Company, L.L.C., or "I.	EC.)
(li'name unavailzbie, enter ali Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting busing reflection	ness in Florida. The atternate name	must include "Limited
Georgia	3, 46-515128	81	
	of which foreign limited liability	(FEI number, il applicable)	
4. Upon qualification			
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to deter-	or to registration.)	
1230 Peachtree Sstreet		. , .,	
Atlanta, GA 30309			
1230 Peachtree Sstreet,	(Suren Address of Principal Office) Suite 800		
Atlanta, GA 30309			
	(Mailing Address)		
7. Name and street addres	is of Florida registered agent: (P.O. Box NOT acc	eptable)	
Name:	NRAI Services, inc.	<u> </u>	
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida	
	(City)	(Zip cade)	
designmed in this applica- to comply with the provision accept the obligations of t	gistered agent and to accept service of process for the strong of all studies relative to the proper and comp my position as registered agent. By: (Kegi kered agent's signature)	d agent and agree to act in this lete performance of my duties,	capacity. I further agree
8. The name, title or caps	acity and address of the person(s) who has/tiave aut	thority to manage is/ure;	= 7
Holly Hughes (Managing	Member)		
1230 Peachtree Street, Su	ite 800		3 1
Atlanta, GA 30309		·	
9. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a forthmitted) (I (LLATA) (Sometime) of an authorized per significant of authorized per signific	reign language, a translation of t	istody of records in the he certificate under oath
This document is executed submitted in a document to	in accordance with section 605,0203 (1) (b), Florion the Department of State constitutes a third degree	da Statutes. I am aware that any f felony as provided for in s.817.1	alse information 55, F.S.
	Cheryl Mallory		
	Typed or printed name of sign	ec	

Control Number: 14027690

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 scale of my office that

Colliers Facility Solutions, 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 : 14891494
Date Inc/Auth/Filed: 03/06/2014
Jurisdiction : Georgia
Print Date : 08/31/2017
Form Number : 211



B: P. W.
Brian P. Kemp
Secretary of State