9/8/2017



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	Division of Corporations	9.1
	Fay Number : (850)617-6383	A.
From:		<u> </u>
	Account Name : C T CORPORATION ⊈/STEM	<b>;</b> .
	Account Number : FC4000000023	• • • • • • • • • • • • • • • • • • • •
	Phone : (512)418-6949	
	fax Number : (954)208-0845	
*Enter	the email address for this business entity to be used business entity to be used	l for future ease.**

## Foreign Limited Liability Company RPG Consulting, LLC

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

IN COMPLIANCE WITH SECTION (05,080), FLORILM STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORFIGN. LIMITED HABILITY CYDMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: RPG Consulting, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," LLC," or "LLC.") RPG Consulting (Georgia), LLC (If name unavailable, enter alternate name adopted for the purpose of true acting business in Florica. The alternate came must include "Lumited Liability Company," "Lit.C.," or "LIC") 38-3942448 Disrediction under the law of which foreign limited liability company is organized.) Fil number, it applicable) tDate hist transported business in Florida, if prior to registration ). (See rections 605 0904 at 605,0905, F.S. to determine penalty liability). 6. 3353 Penchtree Road NE, Suite M-15 3353 Peachtree Road NE, Suite M-15 (Mailing Address) (Street Address of Principal Office) Atlanta, Georgia 30326 Atlanta, Georgia 30326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. athan Guyan Nathar Nathan Giffin, Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Michael K. Grav Manager 3353 Peachtree Road NE Suite M-15 Atlanta, Georgia 30326 Gregory Thurman Manager 3353 Peachtree Road NE Suite M-15 Atlanta, Georgia 30326 (Use attachments if necessary) 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) 10. This document is executed in accordance with section 695.0203/14 (b), Florida Statutes. I am aware that any false information degree felony as provided for in s.817.155, F.S. submitted in a document to the Department of State/postitutes Michael K. Gray Typed or printed name of surree



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

DELAWARE, DO HEREBY CERTIFY "RPG CONSULTING, 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 EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 203187283

Date: 09-08-17