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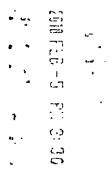
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TEBOS ACTO

#### COVER LETTER

TÒ:	Registrati Division o	on Section f Corporation	s				
SUBJE		Torrence, LLC	:				
		_	Name of	Limited Liability	Company		
The end Existen	closed "Appl ice, and chec	ication by Fore k are submitted	eign Limited Liability Comp I to register the above refero	pany for Authoriza enced foreign limi	ation to Tra ted liability	nsact Business in Florida," C company to transact busines	Certificate of ss in Florida.
Please	return all cor	respondence c	oncerning this matter to the	following:			
	N	lary Torrence	Williams				
	_		N	ame of Person			
	T	otal Marketing	Solutions				
	_		Fi	rm/Company	_		
	3	355 Lenox Roa	ad NE. Suite 750				
	_			Address			
	A	tlanta, GA 303	326				
			City/S	tate and Zip Code	_		
	Mì	orrence@TM:	S-ATL.com				
			E-mail address: (to be used	f for future annual	report not	ification)	
For furt	ther informat	ion concerning	this matter, please call:				
	Магу Тогт	ence Williams		404 at (	513 - 16	545	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
		327			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a check □ \$125.00	for the following Filing Fee	ng amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate



January 24, 2018

MARY TORRENCE WILLIAMS 3355 LENOX ROAD NE, SUITE 750 ATLANTA, GA 30326 RECFIVED
FEB v 5 2018

SUBJECT: MARY TORRENCE, LLC

Ref. Number: W18000007220

We have received your document for MARY TORRENCE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00001541

()

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited I	Liability Company ""L.L.C." or "LLC."			
Georgia		3 EIN: 30-0818551	manny company. 12.5%, (ii pi.e.			
	which foreign limited liability company is organized)	(Fill number, if applicable)				
NI/A						
N/A	(Date first transacted business in Florida, if prior	to registration (	<del></del>			
	(See sections 605 0904 & 605 0905, F.S. to dete	runine penalty liability)				
3355 Lenox Road NE		6. 3355 Lenox Road NE				
Suite 750	гинери Опес)	(Mailing A Suite 750	address)			
Atlanta, GA 30326		Atlanta, GA 30326				
711111111111111111111111111111111111111	<del></del>	Atlanta, GA 30320	<u> </u>			
<b>X</b> 1 1 11						
Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)				
Name:	Chanel Addison	_	7			
Office Address:	2138 Joseph Hewes Court		(د،			
	2150 503cpil Hewes Court					
Office Address.		<del></del>	Ć,			
egistered agent's accep aving been named as r signated in this applice comply with the provis	Orange Park  (City)  ptance: egistered agent and to accept service of attion, I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent.	t as registered agent and agree to a	ed liability company at the p			
egistered agent's accep aving been named as r esignated in this applica- comply with the provis	(City)  potance: egistered agent and to accept service of ation, I hereby accept the appointment is on soft all statutes relative to the property of my position as registered agent.	(Zipe of process for the above stated limit t as registered agent and agree to a er and complete performance of m	ed liability company at the p			
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Typed or printed name of signee

Control Number: 14079098

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Mary Torrence, 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 : 15079331 Date Inc/Auth/Filed: 08/13/2014 Jurisdiction : Georgia Print Date : 01/12/2018

Form Number . . . 211



Brian P. Kemp Secretary of State