## M18000002165

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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FEB 28 2018





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: <b>2</b>	/27/18	_	Account#. 120000000			
Name: KEN	HOWELL	_				
Reference #:	G040101					
Entity Name:	UNION SWE	ETWATER FL	LLC			
✓ Articles of Inc	orporation/Autho	orization to Transact	Business			
Amendment						
Change of Ag	ent					
Reinstatemer	nt					
☐ Conversion			ISSUES - CALL KEN @ 518-213-0738			
Merger						
Dissolution/V	/ithdrawal					
Fictitous Nam	ne					
Other						
Authorized Amor	unt:\$1;	25.00				

## 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			weetwater FL LLC	W		
	(Name of Foreign L	imited Liability Company; must include	e "Lemited Luibility Co	mpany," "L.L.C.," or "LLC.	)	
(If nam	e unavailable, enter alternate nac	ne adopted for the purpose of transacting busin	ness in Florida. The alternat	e name must include "Limited Li	ability Company," "L.L.C," or "LLC	2.7 <b>3</b>
2	Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
4		(Place first transacted business in Florida	( order to spaistremen )			
		(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	to determine penalty liabili	-		
5. 999 South Shady Grove Road, Suite 600 (Street Address of Principal Office)			6	999 South Shady Gre (Mailing Ad		
Memphis, TN 38120		, TN 38120		Memphis, TN 38120		
_						<del>-6</del>
7. N	ame and street address	of Florida registered agent: (P.	O. Box NOT acce	ntable)		~
	Name:	COGENCY GLO		,		
		115 North Calhoun S	treet Suite 4	<del></del>	-•	27
	Office Address:	Tallahass				3
		(City)	<del></del>	, Florida3230	ر de) جن د	ب ـ
and	accept the obligations	ins of all statutes relative to the of my position as registered ago (Register)  (Register)  ity and address of the person(s)  Name and Address:	ent.  Loca Active authorities single active authorities authoritie	et. Sely	Name and Address:	
•	Manager	Education Reacty Operating Para				
•		999 Seuth Shiely Grove Rose, 8 Mamphis, TH 38120				
		<del></del>				
/1 la					<del></del>	
	attachments if necessa	•				
juris		of existence, no more than 90 day f which it is organized. (If the co omitted)				
		ted in accordance with section 60 the Department of State constitu				ion
	-		Signature of the authorized	hecoo person		
			Agnes S. Webb			
	•		Typed or printed name of	signee	<del></del>	



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

DELAWARE, DO HEREBY CERTIFY "UNION SWEETWATER FL 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNION SWEETWATER FL LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202218853

Date: 02-27-18

6765249 8300 SR# 20181407766