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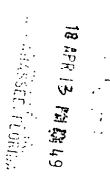
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	stration Section sion of Corporatio	ns				
SUBJECT:	LOGZONE Urban .	Joint Venture, LLC				
SUBJECT		Name of	Limited Liability (Company		
					ansact Business in Florida," Certificate y company to transact business in Flor	
Please return	all correspondence	concerning this matter to the	following:			
	Emily Durranc	e				
		N	ame of Person			
	LOGZONE Ur	ban Joint Venture, LLC				
	 	F	irm/Company		· · ·	
	4845 Universit	y Square, Suite 5				
			Address			
	Huntsville, AL	35816				
		City/S	tate and Zip Code	-		
	edurrance@logz	oneinc.com				
		E-mail address: (to be used	d for future annual	report not	ification)	
For further in	formation concerning	ig this matter, please call:				
Emil	ly Duπance		256 at (964-700	04	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 chassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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 BI SINESS IN THE STATE OF FLORIDA.

LOCZONETIL						
_{l.} LOGZONE Urban Joi						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")				
LOGZONE Urabn JV, L						
	name adopted for the purpose of transacting business in Flor		ordity Company," "L.L.C," or "LLC")			
2. Alabama (Jurisdiction under the law of y	which foreign limited liability company is organized)	3. <u>47-0992346</u>	er, if applicable)			
	, company or against of	(i Ex istanti	or, it applicable)			
4. 01/01/2015	Chair first transacted business in Florida of annuals					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)				
5. 4845 University Sqau		6. 4845 University Square, Su				
(Street Address of Principal Office) Huntsville, AL 35816		(Mailing Address) Huntsville, AL 35816				
		11411501110				
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Rd.					
Office Address.	DI		18			
	Plantation (Ctty)	, Florida 33324				
Registered agent's acception and as red	egistered agent and to accept service of p	rocess for the above stated limited	liability company the place			
to comply with the provis	ntion, I hereby accept the appointment as ions of all statutes relative to the proper us of my position as registered agent.	registered agent and agree to act to and complete performance of my a Brian Mueller Assistant Secretary	in this capacity. Lfurther agree			
to comply with the provis	ation, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and agree to act to and complete performance of my a Brian Mueller Assistant Secretary	in this capacity. Lfurther agree			
to comply with the provis and accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's a acity and address of the person(s) who has	registered agent and agree to act to and complete performance of my a Brian Mueller Assistant Secretary ignature)	in this capacity. Lfurther agree			
to comply with the provis and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's s	registered agent and agree to act to and complete performance of my a Brian Mueller Assistant Secretary ignature)	in this capacity. Lfurther agree			
to comply with the provis and accept the obligation 8. The name, title or cap	ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's sacity and address of the person(s) who have and Address: James Montague	registered agent and agree to act and complete performance of my a Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are:	in this capacity. Lfurther agree duties, and I am familiar with Name and Address: David Cole			
to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity:	action, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a active and address of the person(s) who han Name and Address: James Montague 415 Jacks Road	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity:	n this capacity. Lfurther agreeduties, and I am familiar with Name and Address: David Cole 124 Tellico Ridge Road			
to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity:	ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. (Registered agent's sacity and address of the person(s) who have and Address: James Montague	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity:	in this capacity. Lfurther agree duties, and I am familiar with Name and Address: David Cole			
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to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity:	action, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a active and address of the person(s) who han Name and Address: James Montague 415 Jacks Road	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity:	n this capacity. Lfurther agreeduties, and I am familiar with Name and Address: David Cole 124 Tellico Ridge Road			
to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity: Managing Partner	action, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a sacity and address of the person(s) who has a Name and Address: James Montague 415 Jacks Road New Market. AL 35761	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity:	n this capacity. Lfurther agreeduties, and I am familiar with Name and Address: David Cole 124 Tellico Ridge Road			
to comply with the provis and accept the obligation 8. The name, title or cap Title or Capacity:	action, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a sacity and address of the person(s) who has a Name and Address: James Montague 415 Jacks Road New Market. AL 35761	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity:	n this capacity. Lfurther agreeduties, and I am familiar with Name and Address: David Cole 124 Tellico Ridge Road			
8. The name, title or cap Title or Capacity: Managing Partner (Use attachments if neces)	action, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a active and address of the person(s) who has a Name and Address: James Montague 415 Jacks Road New Market. AL 35761	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity: Partner	Name and Address: David Cole 124 Tellico Ridge Road New Market. AL 35761			
8. The name, title or cap Title or Capacity: Managing Partner (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	action, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a active and address of the person(s) who has a Name and Address: James Montague 415 Jacks Road New Market. AL 35761	Brian Mueller Assistant Secretary ignature) s/have authority to manage is/are: Title or Capacity: Partner Partner (1) (b), Florida Statutes. I am aware	Name and Address: David Cole 124 Tellico Ridge Road New Market. AL 35761 Ving custody of records in the on of the certificate under oath			

Emily Durrance/ Director of Support Services

Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that LOGZONE/ Urban Joint Venture, LLC was formed in Jefferson County, Alabama on May 28, 2014. The Alabama Entity Identification number for this entity is 310-484. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180406000037016

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/06/2018

Date

X. W. Menill

John H. Merrill

Secretary of State