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COVER LETTER

	egistration Section ivision of Corporation	ns						
SUBJECT	Al Partners, LLC							
SUBJECT	·	Name of Limited Liability Company						
					unsact Business in Florida," Certific y company to transact business in Fl			
Please retu	irn all correspondence o	concerning this matter to the	following:					
	Edward Monar	chik						
		Na	ame of Person					
	MESA Capital	Partners						
		Fi	rm/Company					
	3060 Peachtree	Road, NW, Suite 900						
			Address					
	Atlanta, GA 30	305						
		City/Si	tate and Zip Code					
	emonarchik@me	esacp.com						
		E-mail address: (to be used	l for future annual	report not	ification)			
For further	r information concerning	ig this matter, please call:						
E	Edward Monarchik		678 at (904-32	23			
_	Name o	of Contact Person	Area Code	Day	time Telephone Number			
D R P	IAILING ADDRESS: Division of Corporations egistration Section .O. Box 6327 fallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301			
	s a check for the follow 3 \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	• ·		

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Al Investment Partners, Li	lamited transfing Company; must include - Chitice	Liabilit	y Company," "L.L.C.," or "LLC."	1
	LC			
If name unavailable, enter alternate na	ime adopted for the purpose of transacting business in Flor	ida. The a	Itemate name must include "Limited Lie	ibility Company," "L.L.C," or "L.L.C,")
Georgia		3.	82-5145902	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		(FEI nur	ber, if applicable)
<u> </u>				
·	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration re penalty	liability)	
3060 Peachtree Road. I			3060 Peachtree Road, NW	', Suite 900
(Street Address of P		().	(Mailing Ade	lress)
Atlanta, GA 30305			Atlanta, GA 30305	
				- E5 n
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	76 76 7
Name:	Edward J Monarchik, Jr.			当るって
mante:				7:0
Office Address:	44 Beach Wood Road			97
	Amelia Island		Florida <u>32034</u>	特别 2
	(City)		(Zip co	
and accept the obligations	s of my position as registered agent,		mpiete performance of my	uutes, ana 1 um jammur wa
	(Registered agent's sacity and address of the person(s) who ha	ignature)	1	duties, and I am familiar with
	(Registered agent's	s/have	1	Name and Address:
8. The name, title or capa	(Registered agent's active and address of the person(s) who ha	s/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u>	reity and address of the person(s) who has Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900	s/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's sacity and address of the person(s) who has Name and Address: Edward Monarchik Jr	s/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u>	reity and address of the person(s) who has Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900	s/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u>	reity and address of the person(s) who has Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900	s/have	authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u>	reity and address of the person(s) who has Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900	s/have	authority to manage is/are:	
8. The name, title or capa Title or Capacity: Managing Partner	Registered agent's active and address of the person(s) who has Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305	s/have	authority to manage is/are:	
8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necess 9. Attached is a certificate urisdiction under the law	Registered agent's active and address of the person(s) who have and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305	s/have T	authority to manage is/are: itle or Capacity: thenticated by the official h	Name and Address:
8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necess 9. Attached is a certificate urisdiction under the law of the translator must be st	Registered agent's active and address of the person(s) who has a Name and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305 sary) of existence, no more than 90 days old, so of which it is organized. (If the certificate abmitted)	duly au	authority to manage is/are: itle or Capacity: thenticated by the official har foreign language, a transla	Name and Address: aving custody of records in the tion of the certificate under oa
8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necessor). Attached is a certificate urisdiction under the law of the translator must be supported by the translator must be	Registered agent's active and address of the person(s) who have and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305	duly au	authority to manage is/are: itle or Capacity: thenticated by the official ha forcign language, a transla	Name and Address: aving custody of records in the tion of the certificate under oar
8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necess) Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is executed.	Registered agent's active and address of the person(s) who have and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 the Department of State constitutes a thing the constitutes a state of the constitutes as th	duly au e is in a	authority to manage is/are: itle or Capacity: thenticated by the official had foreign language, a translation, Florida Statutes. I am awayee felony as provided for in	Name and Address: aving custody of records in the tion of the certificate under oar
8. The name, title or capa Title or Capacity: Managing Partner (Use attachments if necess) Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is executed.	Registered agent's active and address of the person(s) who have and Address: Edward Monarchik Jr 3060 Peachtree RD, NW #900 Atlanta, GA 30305 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 the Department of State constitutes a thing the constitutes a state of the constitutes as th	duly au e is in a	authority to manage is/are: itle or Capacity: thenticated by the official ha forcign language, a transla	Name and Address: aving custody of records in the tion of the certificate under oar

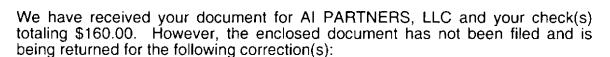


FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2018

EDWARD MONARCHIK MESA CAPITAL PARTNERS 3060 PEACHTREE RD. NW, STE 900 ATLANTA, GA 30305

SUBJECT: AI PARTNERS, LLC Ref. Number: W18000036774



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

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Karen A Saly Regulatory Specialist II

Letter Number: 818A00007900

www.sunbiz.org

Control Number: 18020313

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

TELLED W W OZ

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

AI Partners, 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 : 15760112
Date Inc/Auth/Filed: 02/16/2018
Jurisdiction : Georgia
Print Date : 04/24/2018
Form Number : 211



Brian P. Kemp Secretary of State