# M18000005979

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Special Instructions to	Filing Officer:	

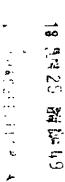
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#### COVER LETTER

TO: Registration Section

Division of	Corporation	S				
	Veddings. L.I	C.				
SUBJECT:	<del></del>	Name of I	Limited Liability (	Company		
The enclosed "Applic Existence, and check	ration by Fore	rign Limited Liability Comp I to register the above refero	pany for Authoriza enced foreign limit	ition to Tra ted liability	nsact Business in Florida," ( company to transact busine	Certificate of ess in Florida.
Please return all corre	rspondence co	oncerning this matter to the	following;			
Ga	ry L Moser					
		N:	ame of Person			
Ме	ser Law					
.—		Fi	rnv/Company			
170	06 N Patterso	n St				
			Address			
Va	ldosta, GA 3	1602				
		City/St	ate and Zip Code			
gary	@garymioserl	aw.com				
	_	E-mail address: (to be used	for future annual	report not	ification)	
For further information	n concerning	this matter, please call:				
Brooke Whi	ie		229 at (	561-522	2.7	
	Name of	Contact Person	Area Code	Dayı	time Telephone Number	
MAILING Division of 6 Registration P.O. Box 63 Tallahassee,	Corporations Section 27			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed is a check fo □ \$125.00 I		ng amount:  2 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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 TAMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lowndes County, Georg		clarida. The alternate name must include "Limited		
(Jurisdiction under the law of w		3. 364-72-8715		
•	hich foreign linuted hability company is organized)	(FE)	number, if appl cable)	
N/A				
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S., to deter	to registration ) rmine penalty liability)		
421 Connell Road		6. 421 Connell Road (Mailing)		
(Street Address of t	rincipal Öffice)	Valdosta, GA 31602	Addiess)	•
Valdosta, GA 31602		vaidosta, GA 51002		
				- <del></del>
				٠. ر
Name and street address	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)		· 1 :1
Name:	Alexandra Barnes			
Office Address:	6267 Old Water Oak Road, Suite 102	2A		# 1 4
Office Address:				, e
		13313		
	Tallahassec	, Florida 32312	code)	
iving been named as re signated in this applica comply with the provis	(Cay) otance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop ts of my position as registered agent.	as registered agent and agree to a er and complete performance of a	ited liability con act in this capac	city. I furth
aving been named as resignated in this application comply with the provis	(Cay) otance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	f process for the above stated limi as registered agent and agree to er and complete performance of t	ited liability con act in this capac	city. I furth
aving been named as resignated in this applica comply with the provis ad accept the obligation	otance: ogistered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  Clexandre	f process for the above stated limit as registered agent and agree to ear and complete performance of the books of the complete performance of the signature)	ited liability con act in this capu ny duties, and f	city. I furth
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aving been named as resignated in this application comply with the provision accept the obligation.  The name, title or capacity:	otance:  ogistered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the proposition as registered agent.  Compared agent and Address:  Brooke S. White  421 Connell Road	f process for the above stated limit as registered agent and agree to ear and complete performance of the signature)  has/have authority to manage is/ar  Title or Capacity:	e:  Name and Charles Com	city. I furth am familia d Address: i. White, Jr. tell Road
tving been named as resignated in this application comply with the provised accept the obligation.  The name, title or capacity:	otance: orgistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  CRegistered agent actity and address of the person(s) who Name and Address:  Brooke S. White	f process for the above stated limit as registered agent and agree to ear and complete performance of the signature)  has/have authority to manage is/ar  Title or Capacity:	e:  Name and Charles Com	city. I furth am familio d Address:
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Typed or printed name of signee

## 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

#### WHITE WEDDINGS, L.L.C.

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 : 15825625 Date Inc/Auth/Filed: 03/04/2012 Jurisdiction : Georgia Print Date : 06/11/2018

Control Number: 12026013

Form Number : 211



Brian P. Kemp Secretary of State