M18000006769

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
Cert WI	8-61645			

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-, --- ONS



July 5, 2018

DOUGLAS HOOKER 860 JOHNSON FERRY RD, STE 140-123 ATLANTA, GA 30342

SUBJECT: BRANDON TOWN CENTER DEVELOPMENT PARTNERS, LLC.

Ref. Number: W18000061645

We have received your document for BRANDON TOWN CENTER DEVELOPMENT PARTNERS, 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):

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.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 418A00013850

2018 JUL 23 AH 11: C

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	BRANDON 1	OWN CENTER DEVELO	PMENT PARTNE	RS, LLC		
SUBJECT	·	Name of	Limited Liability (Company	 	
		reign Limited Liability Comp d to register the above refer				
Please return all	Correspondence	concerning this matter to the	following:			
	DOUGLA	S HOOKER				
		N	ame of Person	•	· · · · · · · · · · · · · · · · · · ·	
	ROTUND	A LAND & DEVELOPME	NT			
Firm/Company 860 JOHNSON FERRY RD SUITE 140-123						
	ATLANTA	/GEORGIA 30342				
		City/S	tate and Zip Code			
	INFO@R	OTUNDALAND.COM				
		E-mail address: (to be use	d for future annual	report not	tification)	
For further infor	rmation concerning	g this matter, please call:				
(DOUGLAS HOC	KER	at (678) 66	53-4585	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	icck for the follow 5.00 Filing Fec	ring amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Ce of Status & Certified Cop	

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	(Name of Foreign Lin	CENTER DEVELOPMENT PARTI			or "LLC.")	
	BRANDON TCD PA					25.0
(If tu	ime unavailable, enter alternate name GEORGIA	adopted for the purpose of transacting business in Flo	nda. The after	nate name must include 83-086761		ility Company," "LLLC," or "LLC,")
2		foreign limited liability company is organized)	3	93-080701		er, if applicable)
	,				•	
4.	·	(Date first transacted business in Florida, if prior to	registration)			<u> </u>
		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	ne penalty lia	bility)		
5.	5825 GLENRIDGE		6	860 JOHI		
	(Street Address of Prine BLDG 2-200	ipal Office)		SUITE 14	(Mailing Addre 0-123	255)
-			_			142
-	SANDY SPRINGS,	GA 30326		ATLANTA	, GA 303	<u></u>
7	Name and street address of	of Florida registered agent: (P.O. Box	NOT an	cantobla)		
7.	ivame and <u>succe address</u> (or Florida registered agent. (F.O. Box	NOT acc	ceptable)		
	Name:	BILL HAVRE				
	Office Address:	3030 N. ROCKY POINT DR.,	STF 150	A		
	Office Address		<u> </u>			
	_	TAMPA (City)		, Florida _	33607 (Zip code	<u>, </u>
to c	comply with the provision	n, I hereby accept the appointment a s of all statutes relative to the proper f my position as registered agent.				
	-	(Registered agent's	signature)			
			_			
8.	The name, title or capacit <u>Title or Capacity:</u>	y and address of the person(s) who have and Address:		thority to manag e or Capacity:	ge is/are:	Name and Address:
			110	e or Capacity.		Name and Address.
	MEMBER	KAREN LANGE 2870 PEACHTREE ROAD #302	. —		_	
		ATLANTA, GA 30305	<u>-</u>			
	MANAGER	DOUGLAS HOOKER				<u> </u>
		_3424 GROVEWOOD LN _DULUTH, GA 30096	-			
		·	_			
(U.	se attachments if necessar	у)				
juri		existence, no more than 90 days old, which it is organized. (If the certificat nitted)				
10. sub	This document is execute mitted in a document to the	d in accordance with section 605.020 to Department of State constitutes a th	(V) (b), I ird degree	Florida Statutes. felony as provi	I am aware ded for in s	that any false information .817.155, F.S.
		1				
		Ciamatuma	of an authoriz	red nerson		

Typed or printed name of signee

DOUGLAS HOOKER

Control Number: 18073135

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

Brandon Town Center Development 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 : 16029466 Date Inc/Auth/Filed : 06/12/2018 Jurisdiction : Georgia Print Date : 07/17/2018

Form Number : 211



Brian P. Kemp Secretary of State