M18000008212

| (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: |
| |
| |
| |





100317584351

08/31/18--01023--014 **125.00



O SIMMONS SEP 0 8 2018

COVER LETTER

TO: Registration Section

| Div | ision of Corporation | 18 | | | | |
|-------------------|---|---|------------------------------------|---|---|------|
| SUBJECT: | DD Waterside I, LL | С | | | | |
| | - | Name of I | Limited Liability (| Company | | |
| | | | | | unsact Business in Florida," Cer y company to transact business i | |
| Please return | all correspondence of | concerning this matter to the | following: | | | |
| | Debora M. Mar | tin | | | | |
| | | No | ame of Person | | | |
| | Davis Develop | ment, Inc. | | | | |
| | | Fi | rm/Company | | | |
| | 403 Corporate | Center Drive, Suite 201 | | | | |
| | | | Address | _ | | |
| | Stockbridge, G | eorgia 30281 | | | | |
| | | City/Si | ate and Zip Code | | | |
| | debora.martin@c | łavisdevga.com | | | | |
| | | E-mail address: (to be used | for future annual | report not | ification) | |
| For further in | nformation concerning | g this matter, please call: | | | | |
| Del | oora M. Martin | | 770 at (| 474-43- | 45 | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | |
| Div Reg P.O | ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | ıg Fee & | ☐ \$160.00 Filing Fee, Certification of Status & Certified Copy | cate |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable enectalisme | itime adopted for the purpose of transacting business in Flori | Ma The alternate some some field of the Colors | ability Comment and I Comment to me |
|---|--|--|---|
| o Georgia | man survives for the burbose of gaussering bosniess in Lion | | жину Саприну, пл.с., и ссс. ј |
| | which foreign limited limitity company is organized) | 3(FEI turn | nber, if applicable) |
| 4 | | | |
| <u>-</u> | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905; P.S. to determine | egismatlan.) o negativ kahitiny) | |
| 5 403 Corporate Center | Drive | 6 403 Corporate Center Dri | ve · |
| (Street Address of | Principal Office) | (Mailing Ad | |
| Suite 201 | | Suite 201 | |
| Stockbridge, Georgia | 30281 | Stockbridge, Georgia 302 | <u> </u> |
| 7. Name and street addre | ss of Florida registered agent: (P.O. Box) | NOT acceptable) | 37 |
| | 1200 South Pine Island Road | | · 一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、 |
| Office Address: | | | |
| | Plantation (City) | Florida 33324 | · |
| iesignated in this applica o comply with the provisi | gistered agent and to accept service of pr tion. I hereby accept the appointment as i ions of all statutes relative to the proper a s of my position as registered agent. | registered agent and agree to act nd complete performance of my | in this capacity. I further agr duties, and I am famillar with |
| lesignated in this applica o comply with the provisi and accept the obligation | tion. I hereby accept the appointment as | registered agent and agree to act and complete performance of my Linda S Assistant | in this capacity. I further agr duties, and I am familiar with tauffer |
| designated in this applica o comply with the provisional accept the obligation of the name, title or capa | tion. I hereby accept the appointment as it ins of all statutes relative to the proper a sof my position as registered agent. (Regulared agent's a society and address of the person(s) who has | registered agent and agree to act and complete performance of my Linda S Assistant have authority to manage is/are: | in this capacity. I further agr duties, and I am familiar with tauffer Secretary |
| iesignated in this applica o comply with the provisi and accept the obligation 8. The name, title or capa Title or Capacity: Marager | stion. I hereby accept the appointment as it inns of all statutes relative to the proper as of my position as registered agent. (Registered agent's a significant and address of the person(s) who that have and Address: Davis Development. Tree. 403 Comparation Conformation Stocking loop, Georgia 302 | Linda S Assistant have authority to manage is/are: Title or Capacity: | in this capacity. I further agr duties, and I am familiar with tauffer Secretary |
| designated in this applicate of comply with the provisional accept the obligation. B. The name, title or capa Title or Capacity: Marager | stion. I hereby accept the appointment as it inns of all statutes relative to the proper as of my position as registered agent. (Registered agent's a significant and address of the person(s) who that have and Address: Davis Development. Tree. 403 Comparation Conformation Stocking loop, Georgia 302 | Linda S Assistant have authority to manage is/are: Title or Capacity: | in this capacity. I further ago duties, and I am familiar with tauffer Secretary |
| designated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparities or Capacity: Marroger Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be sure. 9. This document is executed. | stion. I hereby accept the appointment as a lons of all statutes relative to the proper a so of my position as registered agent. (Registered agent's a light and address of the person(s) who has been and Address: Davis Development. The 403 Character Center Delay Street agent's accept a 302 and address. Street and Address: Davis Development. The 403 Character Center Delay Street agent's accept a 302 and address and address are considered. (If the certificate in a coordance with section 605,0203 (and a coordance with a | have authority to manage is/are: Title or Capacity: Sin a foreign language, a translate in a foreign language, a translate in a foreign language, a translate in a foreign language, a language in a manage is/are: (1) (b), Florida Statutes, I am aware in a complete in a foreign language, a translate in a foreign language in a foreign langua | to this capacity. I further aggregates, and I am familiar with tauffer Secretary Name and Address: wing custody of records in the ion of the certificate under oath the that any false information |
| designated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparities or Capacity: Marroger Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be sure. 9. This document is executed. | stion. I hereby accept the appointment as a lons of all statutes relative to the proper a so of my position as registered agent. (Registered agent's a locative and address of the person(s) who has been and Address: Davis Development. The 403 Contracts Central 302 (and address) and address of the person of existence, no more than 90 days old, due of which it is organized. (If the certificate is builted) | have authority to manage is/are: Title or Capacity: Sin a foreign language, a translate in a foreign language, a translate in a foreign language, a translate in a foreign language, a language in a manage is/are: (1) (b), Florida Statutes, I am aware in a complete in a foreign language, a translate in a foreign language in a foreign langua | the this capacity. I further agriduties, and I am familiar with tauffer Secretary Name and Address: wing custody of records in the ion of the certificate under oath the that any false information |
| designated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparities or Capacity: Marroger Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be sure. 9. This document is executed. | ston, I hereby accept the appointment as those of all statutes relative to the proper at so fany position as registered agent. (Registered agent's a scitty and address of the person(s) who has been and Address: Davis Development, Tree 403 Character Dev | have authority to manage is/are: Title or Capacity: Sin a foreign language, a translate in a foreign language, a translate in a foreign language, a translate in a foreign language, a language in a manage is/are: (1) (b), Florida Statutes, I am aware in a complete in a foreign language, a translate in a foreign language in a foreign langua | the this capacity. I further agriduties, and I am familiar with tauffer Secretary Name and Address: wing custody of records in the ion of the certificate under oath the that any false information |
| designated in this applicate of comply with the provisional accept the obligation. 8. The name, title or caparities or Capacity: Marroger Use attachments if necess. Attached is a certificate prisdiction under the law of the translator must be sure. 9. This document is executed. | ston, I hereby accept the appointment as those of all statutes relative to the proper at so fany position as registered agent. (Registered agent's a scitty and address of the person(s) who has been and Address: Davis Development, Tree 403 Character Dev | have authority to manage is/are: Title or Canacity: Assistant Type Title or Canacity: Type | the this capacity. I further agriduties, and I am familiar with tauffer Secretary Name and Address: wing custody of records in the ion of the certificate under oath the that any false information |

Control Number: 18098491

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

DD Waterside I, 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 : 16122912 Date Inc/Auth/Filed: 08/07/2018 Jurisdiction : Georgia Print Date : 08/28/2018

Form Number : 211



B: P. L.
Brian P. Kemp
Secretary of State