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COVER LETTER

TO:	Registration Section Division of Corporation	s				
SUBJI	TigerLove Properties					
(O DO			Limited Liability C	Company		
The en Exister	closed "Application by Forence, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza enced foreign limit	tion to Tra led liability	insact Business in Florida," C y company to transact busines	lertificate of ss in Florida.
Please	return all correspondence c	oncerning this matter to the	following:			
	Amanda L. Cale	iwell				
		N:	ame of Person			
	Caldwell Law 3	0a.LLC				
		Fi	rm/Company			
	P.O. Box 1836					
			Address			
	Santa Rosa Bea	ch, FL 32459				
		City/S	tate and Zip Code			
	mandee@caldwe					
		E-mail address: (to be used	I for future annual	report not	tification)	
For fur	ther information concerning	this matter, please call:				
	Amanda L. Caldwell		850	816-06	59	
	Name o	f Contact Person	at (Area Code	_) Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section tuilding secutive Center Circle see, FL 32301	
Enclos	ed is a check for the follows \$125.00 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00\$ Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng 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 605.0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	n Limited Liability Company; must include "Limite	ed Liability Company, L.E.C., of LEC.	. J
	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC.")
, Georgia		3. 83-1686822	
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI nu	unber, if applicable)
↓ .			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nine penalty liability)	
5. 14 East Broad Street		6. P.O. Box 72731	
(Street Address of Newnan, Georgia	Principal Office)	(Mailing A Newnan, Georgia	ddress)
30263		30271	A SE 0.00
30203			
7. Name and street addre	ess of Florida registered agent: (P.O. Bo Amanda L. Caldwell	x <u>NOT</u> acceptable)	RETARY O
Office Address:	37 Town Center Loop, Unit 318		PH 12:
	Santa Rosa Beach	- , Florida ³²⁴⁵⁹	<u> </u>
	(City)	, rtoriga(Zip c	rode)
Having been named as i designated in this applic to comply with the provi	registered agent and to accept service of vation. I hereby accept the appointment of sions of all statutes relative to the prope ins of my position as registered agent.	as registered agent and agree to a	ct in this capacity. I further agr
designated in this applic to comply with the provi	ation. I hereby accept the appointment o sions of all statutes relative to the prope	as registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr
Having been named as of designated in this applicated in this applicated comply with the proviound accept the obligation	vation. I hereby accept the appointment of sions of all statutes relative to the proper ins of my position as registered agent. (Registered agent's	as registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr y duties, and I am familiar with
Having been named as of designated in this applicated in this applicated comply with the proviound accept the obligation	ration, I hereby accept the appointment of sions of all statutes relative to the proper ins of my position as registered agent.	as registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr y duties, and I am familiar with
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Having been named as a designated in this applicate comply with the provisuand accept the obligation. 8. The name, title or capacity: MGR (Use attachments if necessary in the content of the translator must be 10. This document is executed as a certificate of the translator must be 10. This document is executed as a certificate of the translator must be 10.	pacity and address of the person(s) who have an Address: James A. Lovell P.O. Box 72731 Newnan, GA 3027 Person of existence, no more than 90 days old, wof which it is organized. (If the certifical submitted) recuted in accordance with section 605,020	as registered agent and agree to a r and complete performance of my signature) tas/have authority to manage is/are. Title or Capacity: duly authenticated by the official ate is in a foreign language, a transless in a foreign language. I am aw	ct in this capacity. I further agrey duties, and I am familiar with with a second seco

Control Number: 18101091

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF ORGANIZATION

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

TigerLove Properties - Emerald LLC a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 08/13/2018 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 08/22/2018.



Brian P. Kemp Secretary of State