# M1800000 9901

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## COVER LETTER

TO: Registration Section

	Name of I	Limited Liability C	ompany	
losed "Application by Force, and check are submitted	eign Limited Liability Comp I to register the above refero	oany for Authorizat enced foreign limit	ion to Tra ed liability	nsact Business in Florida," Cert y company to transact business in
eturn all correspondence c	oncerning this matter to the	following:		
JERRY L. WA	TTS			
<del></del> -	N	ame of Person	· ·	
PAGE, SCRAN	TOM, SPROUSE, TUCKE	R & FORD, P.C.		
	Fi	гın/Company	·-	
PO BOX 1199				
<del>-</del>		Address		
COLUMBUS, O	GA 31902			
	City/S	tate and Zip Code		
lja@psstf.com				
	E-mail address: (to be use	d for future annual	report not	ification)
her information concerning	g this matter, please call:			
JERRY L. WATTS		706 at (	243-56	24
Name o	f Contact Person	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 uilding ceutive Center Circle see, FL 32301
d is a check for the follow  S125.00 Filing Fee		□ \$155.00 Filin	u Pas 6	☐ \$160.00 Filing Fee, Certific

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

IN COMPLIANCE WITH SECTION 695.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting binsiness in Flo		ed Lizbilny Company	y," "L.L.C," or "LLC.")	
2. GEORGIA		3. 81-2844257		<del></del>	
(assignication finder (see 18.4. e).	which foreign limited liability company is organized)	(FE	I number, if applicabl	łc)	
4					
	(Date first transacted business in Florids, if prior to (See sections 605,0904 & 605,0905, F.S. in determ				
5. 4424 BUENA VISTA		6. PO BOX 1639			
(Street Address of Principal Office) COLUMBUS, GA 31907		COLUMBUS, GA 319	s Address) 902		
		<del></del>			
		<del></del>	<del></del>	<del> </del>	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		001	
Name:	J. LINDSAY BUILDER, JR.	<u> </u>		∾	
ivaine:				رد،	
Office Address:	271 WEST CANTON AVENUE, SUIT	ГЕ 2		<u> </u>	
	WINTER PARK	, Florida 32789		***	
Having been named us r designated in this applic to comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all matutes relative to the proper	process for the above stated lim s registered agent and agree to	act in this cap	acity. I further agr	te
Having been named us r designated in this applic to comply with the provis	ptance: egistered agent and to accept service of p atlon, I hereby accept the appointment a	process for the above stated lim s registered agent and agree to	ited liability co act in this cap	ompany at the place pacity. I further agn	ee .
designated in this applici to comply with the provis and accept the obligation	ptance: egistered agent and to accept service of pation, I hereby accept the appointment a sions of all matutes relative to the proper as of my position as registered agent.  (Regulated agent)	process for the above stated lim s registered agent and agree to and complete performance of signature)	ilted llability co act in this cap my duties, and	ompany at the place pacity. I further agn	ee
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Having been named as r designated in this applicate comply with the provis and accept the obligation  8. The name, title or cap Title or Capacity: MBR  MBR  (Use attachments if neces  2. Attached is a certificate	prance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Regulated agent) (Regulated agent	process for the above stated lims registered agent and agree to and complete performance of signature)  is/have authority to manage is/a  Title or Capacity:  MBR  I MBR	nited liability con act in this cap my duties, and my duties, and my duties, and my duties.  Name a David E 1829 On Columba Columba	ompany at the place pacity. I further agnity and familiar with and Address:  Harris verlook aus. GA 31906  on B. Middl Dra Drive aus. GA 31906  dy of records in the	_ _ _ ehrook _

Typed or printed name of signee

RANDOLPH B. JONES III, Member

Control Number: 16041423

### 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

#### SURECHICK COASTAL, 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 : 16266055
Date Inc/Auth/Filed : 05/04/2016
Jurisdiction : Georgia
Print Date : 10/25/2018

Form Number : 211



Brian P. Kemp Secretary of State