

M19000002886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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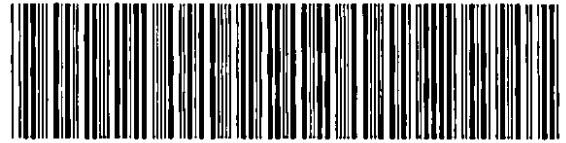
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAR 25 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 25 AM 10:36

O. SIMMONS
MAR 26 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 694674 8105646

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 22, 2019

ORDER TIME : 9:43 AM

ORDER NO. : 694674-035

CUSTOMER NO: 8105646

FOREIGN FILINGS

NAME: PIVOTAL RETAIL GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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. Pivotal Retail Group, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TX 27-3844288
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 889 Franklin Gateway SE Suite 100 889 Franklin Gateway SE Suite 100
(Street Address of Principal Office) (Mailing Address)

Marietta, GA 30067

Marietta, GA 30067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Andrew Slanina

☒ Member Address: 889 Franklin Gateway SE, Suite

☐ Authorized 100, Marietta, GA 30067

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Melissa Semones

☒ Member Address: 889 Franklin Gateway SE, Suite

☐ Authorized 100, Marietta, GA 30067

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dorin Owens

☒ Member Address: 889 Franklin Gateway SE, Suite

☐ Authorized 100, Marietta, GA 30067

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Greg Houx

☒ Member Address: 889 Franklin Gateway SE, Suite

☐ Authorized 100, Marietta, GA 30067

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

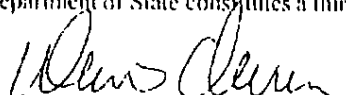
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Dorin Owens

Typed or printed name of signer

FILED
MAR 29 AM 9:20
CLERK OF THE
COURT
FLORIDA



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Pivotal Retail Group, LLC (file number 801351577), a Domestic Limited Liability Company (LLC), was filed in this office on December 06, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 22, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State