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**Date:** 4/29/2019

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Name:	WS8489, LLC			
Document #:				
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Thank you!

# \*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 RUSINESS IN THE SELTE OF FLORIDA:

	NIVERS IN THE STATE OF FIXIKIDA:		
1. WS8489, LLC (Name of Fore	ign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.,"	or "LLC.")
,			·
(If name unavailable, enter all Liability Company," "L.L.C,"		transacting business in Florida. The alternate	name must include "Limited
2. Georgia		3,	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applical	ble)
4.			
••	(Date first transacted business in	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)	<del></del>
5. Stone Mountain Indust			
c/o Pattillo Industrial R	eal Estate, 5170 Peachtree Rd., Bldg		
Stone Mountain Industr	(Street Address of Princial Park, Inc.	•	<u>م</u> س س
u			
c/o Pattillo Industrial R	Real Estate, 5170 Peachtree Rd., Bld	<u></u>	_ = 20 1
	(Mailing Add	ress)	
7. Name and street address	s of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable)	原の主し
Name:	C T Corporation System		19 APR 29 PH W. 00
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	, <del>5</del> .
	(City)	(Zip code)	
designated in this applicat to comply with the provision accept the obligations of n	gistered agent and to accept service tion, I hereby accept the appointmen	fin Mara ) Jin Song, Assistant Se	this capacity. I further agree tles, and I am familiar with and
8. The name, title or capa	city and address of the person(s) who	o has/have authority to manage is/are:	
Lawrence P. Callahan, CE	O/President, 5170 Peachtree Rd, Bk	dg 100, Ste 400, Atlanta, GA 30341; Josh	ua W.
Harrison, COO/CFO/Trea	surer & Asst. Secretary, same addres	ss; Michael G. Kerman, Secretary, 999 Pe	eachtree St.,
Ste 2300, Atlanta, GA 303	09; Casey J. Farmer, Asst. Secretary	y, same 5170 address	
	of which it is organized. (If the certification)	old, duly authenticated by the official havi icate is in a foreign language, a translation	
	Signature of a	n authorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes a	3 (1) (b), Florida Statutes. I am aware that a third degree felony as provided for in s.8	any false information 317.155, F.S.

Typed or printed name of signee

Michael G. Kerman



**Secretary of State** 

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



#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### WS8489, 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 : 17172791
Date Inc/Auth/Filed: 04/18/2019
Jurisdiction : Georgia
Print Date : 04/29/2019

Form Number : 211



Bred Raffensperger

Brad Raffensperger