

M19000005589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

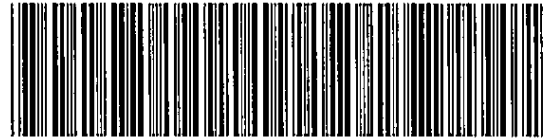
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000329568230

05/23/19--01025--020 \*\*130.00

RECEIVED

MAY 28 2019

APPROVED  
AND  
FILED  
2019 MAY 28 PM 4:11  
TAMM'S ELECTRONIC  
STATE

T GLASS

JUN 07 2019

# DOVER MILLER KARRAS & LANGDALE

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

J. Michael Dover  
Willis L. Miller III  
Patricia McCorvey Karras  
Jackson R. Langdale  
Nathanael D. Brantley  
Jennifer Stakich Walker

701 North Patterson Street  
Valdosta, Georgia 31601-4526

Mailing Address:  
Post Office Box 729  
Valdosta, Georgia 31603-0729

Telephone Number:  
229-242-0314  
Real Estate Facsimile:  
229-242-6495  
General Facsimile:  
229-249-8685

May 24, 2019

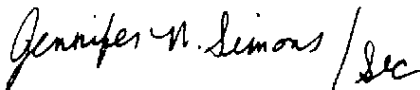
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Fellowship Home at The Fairway, LLC.

To Whom It May Concern:

Please find enclosed the cover letter and Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced Georgia entity. Also enclosed is our firm's check in the amount of \$130.00 to cover filing fees and the cost of a Certificate of Status for said entity. After authorizing the entity to do business in Florida, please return the Certificate of Status to our office in the enclosed self-addressed stamped envelope. Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me at the above number.

Sincerely,



Jennifer N. Simons

Enclosures

2019 MAY 28 PM 4: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fellowship Home at The Fairway, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer N. Simons  
Name of Person  
Dover Miller Karras & Langdate, P.C.  
Firm/Company  
P.O. Box 729  
Address  
Valdosta, Georgia 31603  
City/State and Zip Code  
jennifersimons@dovermiller.com  
E-mail address: (to be used for future annual report notification)

2019 MAY 28 PM 4: 12  
RECEIVED  
CORPORATION  
DIVISION OF  
STATE  
APPROVED  
AND  
FILED

For further information concerning this matter, please call:

Jennifer Simons at (229) 242-0314  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:  
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Fellowship Home at The Fairway, 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. Georgia (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 470 Fellowship Home Lane (Street Address of Principal Office)
6. 470 Fellowship Home Lane (Mailing Address)
Valdosta, Georgia 31602 Valdosta, Georgia 31602

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

Name: URS Agents, LLC
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (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.

K. Bishop Kanetha Bishop, Asst. Secretary
(Registered agent's signature)

2019 MAY 28 PM 4:12
APPROVED AND FILED

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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>George John LaHood, IV</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>470 Fellowship Home Lane</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Valdosta, Georgia 31602</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 MAY 28 PM 4:12  
 FILED  
 APPROVED

**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

George John LaHood, IV  
 \_\_\_\_\_  
 Typed or printed name of signee

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

#### **Fellowship Home at The Fairway, 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 : 17209942  
Date Inc/Auth/Filed: 04/28/2019  
Jurisdiction : Georgia  
Print Date : 05/24/2019  
Form Number : 21

APPROVED  
AND  
FILED  
MAY 28 PM 4:12  
CORPORATIONS DIVISION  
STATE OF GEORGIA



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State