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(Re	questor's Name)	
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CORPORATION 1201 Hays St Tallhassee, Phone: 850-5	FL 32301			
	ACCOUNT NO. :	120000000)195	
	REFERENCE :	037753	433759 1	94
	AUTHORIZATION :	Spullet	enan	
	COST -LIMIT :	\$ 125.00	フ	119 110 111
ORDER DATE :	November 6, 2019		w	2019 NOV -7 SEC 117 ALL AHASSEE
ORDER TIME :	9:41 AM			PH
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ORDER NO. :				<u>ን </u>

FOREIGN FILINGS

NAME: ARRIS DESTIN RETAIL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: ____

COVER LETTER

TO: Registration Section Division of Corporations

. . .

Arris Destin Retail, LLC Name of Limited Liability Company SUBJECT:

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:

	John	Graham		201 201
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<u>_</u>	
	Arris (Name of Person Destince Ho Firm/Company	laings, U	2019 NOV -7
		Firm/Company		
	3340 P	eachtree Ro	ad, NE, S	ur Te 166-0
		Address	A	.
	Atlanta	, Georgia	303 2Le	
		City/State and Zip Code		
_	jgrah	am@corepr	spertycapi	tal con
_	E-mail address: (to l	be used for future annual rej	cort notification)	
For further inform	ation concerning this matter, please ca	all:		
	Jush Klehr	at (
	Name of Contact Person	Area Code	Daytime Telephone N	lumber
	G ADDRESS: of Corporations		REET ADDRESS: vision of Corporations	
	on Section		gistration Section	
P.O. Box			ifton Building	
Tallahass	ee, FL 32314	26	61 Executive Center Circ	cle

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$125.00 Filing Fee

Certificate of Status

S155.00 Filing Fee & Certified Copy

Tallahassee, FL 32301

\$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:

(Name of Foreign Limited Liability Company; must include "Limited I			. ,		201	
ne unavailable, enter alternate name adopted for the purpose of transacting business in Florid:	a The al	ternate name must in	lude "Limited Liabi	lity Company,"	ʻl_LC," oʻ	<u></u>
Delaware	_			2.5	VC	
furisdiction under the law of which foreign limited liability company is organized)	3.		(FEI numbe	r, if applicable)		
				rri	ס	<u>ا</u> ر
NA					Ť	
(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605.0905, F.S. to determine	stration	.) Initiativi			÷. ⇔	
	perisanty i	atomy)			ິສິ	
3340 Peachtree Road NE	6	G340	Peach	tree k	load	1
(Street Address of Principal Office)	•••		(Mailing Addre	55)		—
Suita 1660		Suite	1660			
Atlanta, Georgia 30326			ta, Ge			

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 , Florida
	(City)	(Zip code)
designated in this applicat to comply with the provision	gistered agent and to accept service of process for th	e above stated limited liability company at the place eent and agree to act in this capacity. I further agree performance of my duties, and I am familiar with Harry B. Dave. Asst. Vice Presici

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:	Title or Capacit	<u>Y:</u>	Name and Address:
Manager	Name: John Braham	🛄 Manager	Name:	7. 2
Member	Address: 3340 Peachtree	Member	Address:	2219 NO
Authorized	Rd PNE, Suite 1660	Authorized	<u></u>	255 V
Person	Atlanta, GA 30324	Person		
Dother Presid	ent Other	Other		□Other(```)
				.ATE
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Namo:	Manager	Name	
Member	Address:	Mcmber		_
			Audress:	
Person				
		Person	,	
Other	Other	Other	<u>-</u>	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

	PROD	
-	Signature of an authorized person	
	Theresaclark	

: بر Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARRIS DESTIN RETAIL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES-HAVE BEEN ASSESSED TO DATE.

RETAIL, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A. D' 2019!



Jeffrey W. Bullock, Secretary of State

Authentication: 203950291

Date: 11-06-19

Page 1

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SR# 20197952446 You may verify this certificate online at corp.delaware.gov/authver.shtml