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Help



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

IN COMPLIANCE WITH SECTION (DE 0202, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREXON-HMITED HABILITY COMPANY TO TRANSACT BUSINESS' INTHE STATEOF FLORIDA:

1.				
	(Name of Foreign Limited Linbility Company, must include "Lim-	ated Lizbility Company," "L.L.C ," or "LLC.")	2019 0 SECi TALL	
Π.	innie univaliable, enter alternate name adopted for the purpose of transacting business in	Physida. The alternate must include "Limned Limbilit	y Company, TiLL.O	"::: ("")
	Georgia		ASE 1	
	(furnidactions under the law of which foreagn lumited bability everyonity is organized)	3(FEI mundmer,	OF STA	
4.	(Elate first transacted business in Florada, if using	la resultabor.)	- RIDE	
	(Dato first transactor busicress in Florada, if Joint to registration.) (See sections \$03.0904 & 603.0905, F.S. to determine penalty hability)			ລ
5.	c/o Watkins Real Estate Group, Inc.	c/o Watkins Real Estate Grou 6.	• •	
	(Neerl Address of Principal Office)	(Mathing Address)		
	1958 Monroe Drive NE	1958 Monroe Drive NE		
	Atlania, Georgia 30324	Atlanta, Georgia 30324		

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

Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	33324 , Florida		
	(Cay)	(Zip code)		

Registered agent's acceptance:

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HCTCLot 15 LFC

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.

C T Corporation System

Howard X. (Registered spent's signare)

Howard L. Volz, Assistant Secretary

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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 (δ) total]:

Title or Canacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
[]Manager	Name: Watkins Real Estate Group. Inc.	🔲 Manager	Name:	
Member	Address:	Member	Address: _	
Authorized	1958 Monroe Drive NE	Authorized		
Person	Atlanta, Georgia 30324	Person		HAR R 1
Other	Other	Other		
Mannger	Name:	🗋 Manager	Name:	
Member	Address:	- Member		▶ -
Authorized	1999 1997 1997 1997 1997 1997 1997 1997	🗋 Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	🗌 Manager	Name:	
Member	Address:	Member	Address: _	
Authorized	······································	Authorized		
Person	· · · · · · · · · · · · · · · · · · ·	Person		
Other	Other	Other		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 \$.817.153, F.S.

Fig. J. Half Signature of an authorized person

Timothy L. Hall, Secretary/Treasurer of Watkins Real Estate Group, Inc.

Typed or printed name of signice

2019-12-06 15:44:52 CST

19542080845 From: Ranae McGraw

Control Number : 19157103

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

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

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 of

This certificate relates only to the legal existence of the above-named entity as **whe** 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	18202515
Date Inc/Auth/Filed:	12/03/2019
Invisitence	Georgia
Print Date .	12/06/2019
Form Number	211

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Brad Rafforgerger

Brad Raffensperger