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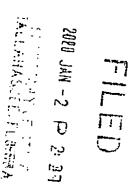
| (F | Requestor's Name) | |
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| (A | Address) | |
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| 4) | Address) | |
| | | |
| (0 | City/State/Zip/Phone # | f) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (E | Business Entity Name | •) |
| | | |
| (C | Document Number) | |
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| Certified Copies | Certificates o | of Status |
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| Special Instructions to | o Filing Officer: | |
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COVER LETTER

TO:

| TO: | Registration Section Division of Corporation | ns | | | | |
|--------|--|---|------------------------------------|---|--|-----|
| SUBJI | WAHSEGA LABS. | LLC | | | | |
| SUBJ | EC1: | Name of | Limited Liability | Company | | |
| | | | | | ansact Business in Florida," Certi by company to transact business in | |
| Please | return all correspondence of | concerning this matter to the | e following: | | | |
| | ERIC T. JOHN | SON | | | | |
| | | Ŋ | lame of Person | | | |
| | ERIC T. JOHN | SON PC | | | | |
| | | į: | irm/Company | | | |
| | 4390 EARNEY | ROAD SUITE 230 | | | | |
| | | | Address | | | |
| | WOODSTOCK | C. GEORGIA 30188 | | | | |
| | | City/S | State and Zip Code | | | |
| | ERIC@ETJ-LAV | V.COM | | | | |
| | | E-mail address: (to be use | d for future annual | report no | tification) | |
| For fu | rther information concernin | g this matter, please call: | | | | |
| | ERIC JOHNSON | | 770 at (| 751-13 | 66 | |
| | Name o | of Contact Person | Area Code | Day | ytime Telephone Number | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | Division Registrat Clifton E 2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 | |
| Enclos | red is a check for the follow ☐ \$125.00 Filing Fee | ing amount: \$\Begin{align*} \Begin{align*} \Begin{align*} \Begin{align*} \Delta \text{130.00 Filing Fee & \\ \Delta \text{Certificate of Status} \end{align*} | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certifice of Status & Certified Copy | atc |

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 Lin | nited Liability Company; must include "Lir | nited 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 "Li | mited Liability Company," "L.L.C," or "LLC.") |
| 2. GEORGIA | | 3. <u>47-4676</u> | 162 ₁ |
| | foreign limited liability company is organized) | | FEI number, if applicable) |
| 4. Will | Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det | o Zc r to registration.) | · |
| 5. 5185 Shiloh 1 | (see sections 603.0904 & 603.0903, F.S. to det 2 v q d 1 pal Office) 6. 2004 v | | 1 Road |
| (UMMIA) G | ripal Office) | 6. <u>S185 Shilol</u> (umming | (Ing Address) |
| —————————————————————————————————————— | <u> </u> | <u>Cumming</u> | 74, 500 |
| | <u> </u> | | 75° |
| Name and street address o | f Florida registered agent: (P.O. B | ox NOT acceptable) | 2 |
| Name: | Registered Arest la | <u> </u> | |
| Name: | Registered Agents Inc 7901 4M Street N St. Petersbuy | · · · · · · · · · · · · · · · · · · · | [6] [18 |
| Office Address: | 1901 4M Street N | . Suite 300 | |
| | St. Petersbin | Plost to | 33702 |
| - - | (Cny) | , Florida | (Zip code) |
| Registered agent's acceptan | | | |
| designated in this application | erea agent and to accept service of t. I hereby accept the appointment | I process for the above stated to t as registered agent and agree | imited liability company at the place to act in this capacity. I further agr |
| to comply with the provisions | of all statutes relative to the prop | er and complete performance o | of my duties, and I am familiar with |
| and accept the obligations of | my position us registered agent. | | |
| | | | |
| | Bell James | | |
| | (Registered agent | 's signature) | |
| 8. The name, title or capacity | - • | • | lare: |
| 8. The name, title or capacity Title or Capacity: | (Registered agent) and address of the person(s) who Name and Address: | • | /arc: Name and Address: |
| Title or Capacity: | and address of the person(s) who Name and Address: | has/have authority to manage is. | |
| Title or Capacity: | and address of the person(s) who Name and Address: 5185 Shileti Road | has/have authority to manage is. | |
| Title or Capacity: | and address of the person(s) who Name and Address: | has/have authority to manage is. | |
| Title or Capacity: | and address of the person(s) who Name and Address: 5185 Shileti Road | has/have authority to manage is. | |
| Title or Capacity: | and address of the person(s) who Name and Address: 5185 Shileti Road | has/have authority to manage is. | |
| Title or Capacity: | and address of the person(s) who Name and Address: 5185 Shileti Road | has/have authority to manage is. | |
| Title or Capacity: <u>Grey Country</u> MUNDY | and address of the person(s) who Name and Address: 5185 Shileli Read (44444444444444444444444444444444444 | has/have authority to manage is. | |
| Title or Capacity: Grey Cocalley MUNdy w (Use attachments if necessary | and address of the person(s) who Name and Address: S185 Shileli Read Lumber, 9s. 30040 | has/have authority to manage is. Title or Capacity: | Name and Address: |
| Title or Capacity: Grey Cocalley Mandy: (Use attachments if necessary) Attached is a certificate of eurisdiction under the law of w | and address of the person(s) who Name and Address: 5185 Shileli Road (Humilian's, 92, 30 Gyc | has/have authority to manage is. Title or Capacity: | |
| Title or Capacity: Grey Cocally Mandy: (Use attachments if necessary) Attached is a certificate of eurisdiction under the law of we fithe translator must be submit | y and address of the person(s) who Name and Address: 5185 Shileli Road (11111111111111111111111111111111111 | has/have authority to manage is. Title or Capacity: d. duly authenticated by the officate is in a foreign language, a tra | nial having custody of records in the anslation of the certificate under oath |
| Title or Capacity: Grey Cocally Manay Use attachments if necessary Attached is a certificate of eurisdiction under the law of whether the translator must be submit to the translator must be subm | and address of the person(s) who Name and Address: 5185 Shilett Read (11111111111111111111111111111111111 | has/have authority to manage is. Title or Capacity: d, duly authenticated by the officate is in a foreign language, a tra | Name and Address: ial having custody of records in the unslation of the certificate under oath |
| Title or Capacity: Grey Cocally MUNdy: (Use attachments if necessary) Attached is a certificate of eurisdiction under the law of word the translator must be submit 0. This document is executed | y and address of the person(s) who Name and Address: 5185 Shileli Road (11111111111111111111111111111111111 | has/have authority to manage is. Title or Capacity: d, duly authenticated by the officate is in a foreign language, a tra | Name and Address: ial having custody of records in the unslation of the certificate under oath |

Typed or printed name of signee

Control Number: 15073816

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

WAHSEGA LABS, 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 : 18224696 Date Ine/Auth/Filed: 07/27/2015 Jurisdiction : Georgia Print Date : 12/30/2019

Form Number : 211



Brad Rafforspage

Brad Raffensperger