

1120000000930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

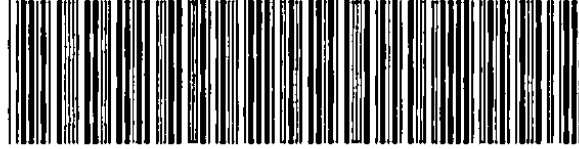
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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JAN 24 2021

T. LEWIS

DAVIS DEVELOPMENT

Corporate Center Dr.
201 | Stockbridge, GA 30281
70.474.4345
70.474.5213

December 31, 2019

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
("APPLICATION") FOR DD FL-SOUTHCREEK, LLC

Dear Sir/Madam:

Enclosed is the original, above-referenced Application, the Certificate of Existence as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Application as well as the Designation of Registered Agent Fee. Please file the document and return evidence of same to me.

Thank you for your attention and assistance in this matter.

Sincerely,



Debora M. Martin
Paralegal

Encl.

COVER LETTER

Registration Section Division of Corporations

DD FL-Southcreek, LLC

ATTN: _____
Name of Limited Liability Company

enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation, 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:

Debora M. Martin

Name of Person

Davis Development, Inc.

Firm/Company

403 Corporate Center Drive, Suite 201

Address

Stockbridge, Georgia 30281

City/State and Zip Code

debora.martin@davisdevga.com

E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

Debora M. Martin

770

474-4345

at (_____) _____

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:

☒ \$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:

FL-Southcreek, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

If 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.")

Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

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

Corporate Center Drive

(Street Address of Principal Office)

Suite 201

Stockbridge, Georgia 30281

6. 403 Corporate Center Drive

(Mailing Address)

Suite 201

Stockbridge, Georgia 30281

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

(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place stated 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.



Lisa D. DuBois, Assistant Secretary

(Registered agent's signature)

Name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Name or Capacity:

Manager

Name and Address:

Davis Development, Inc.

Title or Capacity:

403 Corporate Center Drive #201

Stockbridge, Georgia 30281

Name and Address:

STAFF
ADMINISTRATIVE
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PM
JAN 6 2020
FILED

(Attachments if necessary)

I have 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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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

Lance A. Chernow

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, **Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of the State of Georgia that

DD FL-Southcreek, LLC
a Domestic Limited Liability Company

formed in the jurisdiction stated below or was authorized to transact business in Georgia on the date stated. 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 termination 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 office of 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 : 18234711
Date Inc/Auth/Filed: 10/11/2019
Jurisdiction : Georgia
Print Date : 01/03/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State