

mao0000002152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

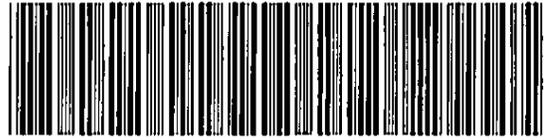
(Business Entity Name)

(Document Number)

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

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MASSACHUSETTS  
REGISTRY OF DEEDS

2020 FEB 14 PM 3:10

FILED

FEB 25 2020  
T. LEMIEUX

Alliance Surveying LLC  
Attn: David Anderson  
6095 Atlanta Hwy  
Flowery Branch, GA. 30542  
02/11/2020

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To Whom it may Concern:

Alliance Surveying LLC, is seeking registration as a foreign limited liability company to transact business in Florida. If there are any issues or concerns with our application please let me know. My contact info is: [davida@aepatl.com](mailto:davida@aepatl.com) or 334.360.4197

Sincerely,

  
David Anderson

Manager

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. Alliance Surveying 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. Gerogia (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-3591553 (FEI number, if applicable)

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

5. 6095 Atlanta Highway (Street Address of Principal Office)
Suite 100
Flowery Branch, GA. 3054
6. 6095 Atlanta Highway (Mailing Address)
Suite 100
Flowery Branch, GA. 30542

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

Name: David Anderson
Office Address: 261 Abby Dr.
Wewahitchka, Florida 32465
(City) (Zip code)

2021 FEB 14 12 3:10
FILED

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.

David L. Anderson
(Registered agent's signature)

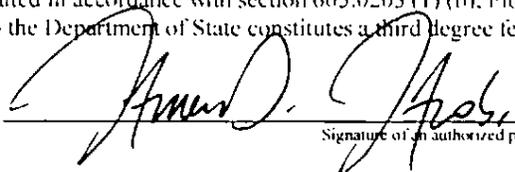
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>David L. Anderson</u>	<input type="checkbox"/> Manager	Name: <u>James D. Jacobi</u>
<input checked="" type="checkbox"/> Member	Address: <u>6095 Atlanta Hwy, Suite 100</u>	<input checked="" type="checkbox"/> Member	Address: <u>299 S. Main Street, Suite A</u>
<input type="checkbox"/> Authorized Person	<u>Flowery Branch, GA. 30542</u>	<input type="checkbox"/> Authorized Person	<u>Alpharetta, GA. 30009</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**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

James D. Jacobi

\_\_\_\_\_  
 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 ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Alliance Surveying, LLC**  
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **10/17/2019** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **10/21/2019**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

**ARTICLES OF ORGANIZATION**

\*Electronically Filed\*  
Secretary of State  
Filing Date: 10/17/2019 4:00:01 PM

**BUSINESS INFORMATION**

CONTROL NUMBER 19137454  
BUSINESS NAME Alliance Surveying, LLC  
BUSINESS TYPE Domestic Limited Liability Company  
EFFECTIVE DATE 10/17/2019

**PRINCIPAL OFFICE ADDRESS**

ADDRESS 299 South Main Street, Alpharetta, GA, 30009, USA

**REGISTERED AGENT**

NAME	ADDRESS	COUNTY
James D. Jacobi	299 South Main Street, Alpharetta, GA, 30009, USA	Fulton

**ORGANIZER(S)**

NAME	TITLE	ADDRESS
Richard S. Abram	ORGANIZER	1200 Ashwood Parkway, Suite 560, Atlanta, GA, 30338, USA

**OPTIONAL PROVISIONS**

N/A

**AUTHORIZER INFORMATION**

AUTHORIZER SIGNATURE Richard S. Abram  
AUTHORIZER TITLE Organizer

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Annual Registration

\*Electronically Filed\*

Secretary of State

Filing Date: 01/14/2020 14:21:09

### BUSINESS INFORMATION

BUSINESS NAME : Alliance Surveying, LLC  
CONTROL NUMBER : 19137454  
BUSINESS TYPE : Domestic Limited Liability Company  
ANNUAL REGISTRATION PERIOD : 2020

### BUSINESS INFORMATION CURRENTLY ON FILE

PRINCIPAL OFFICE ADDRESS : 299 South Main Street, Alpharetta, GA, 30009, USA  
REGISTERED AGENT NAME : James D. Jacobi  
REGISTERED OFFICE ADDRESS : 299 South Main Street, Alpharetta, GA, 30009, USA  
REGISTERED OFFICE COUNTY : Fulton

### UPDATES TO ABOVE BUSINESS INFORMATION

PRINCIPAL OFFICE ADDRESS : 299 South Main Street, Ste A, Alpharetta, GA, 30009, USA  
REGISTERED AGENT NAME : James D. Jacobi  
REGISTERED OFFICE ADDRESS : 299 South Main Street, Alpharetta, GA, 30009, USA  
REGISTERED OFFICE COUNTY : Fulton

### AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Tim Stubbs  
AUTHORIZER TITLE : Authorized Person