# 

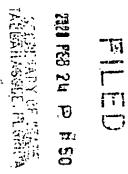
| (Re                                     | questor's Name)   | 33, 31 <u>.33, 35</u> |
|---|-------------------|-----------------------|
| (Address)                               |                   |                       |
| (Address)                               |                   |                       |
| (Cit                                    | y/State/Zip/Phone | e #)                  |
| PICK-UP                                 | ☐ WAIT            | MAIL                  |
| (Bu                                     | siness Entity Nan | ne)                   |
| (Document Number)                       |                   |                       |
| Certified Copies                        | _ Certificates    | s of Status           |
| Special Instructions to Filing Officer: |                   |                       |
|   |                   |                       |
|   |                   |                       |
|   |                   |                       |
|   |                   |                       |

Office Use Only



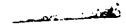
700340899807

02/24/20--01038--016 \*\*125.00



MAR 6 & 2028

T TEMBERNX



#### COVER LETTER

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: Action Investor   | ment Properties LLC f Limited Liability Company   |  |
|  | mpany for Authorization to Transact Business in Florida," Certificate of crenced foreign limited liability company to transact business in Florida. |  |
| Please return all correspondence concerning this matter to the   | ne following:   |  |
| Brian Gaul   | Name of Person  |  |
| Action Investme  | nt Properties LLC<br>Firm/Company   |  |
| 438 Canton   | Road<br>Address   |  |
| Cumming, Ga.   | State and Zip Code  |  |
| Brgaction @ amo<br>E-mail address: (10 be us   | sed for future annual report notification)  |  |
| For further information concerning this matter, please call:   |   |  |
| Brian Gaul<br>Name of Contact Person   | at (404) Glele- 6100  Area Code Daytime Telephone Number  |  |
| Mailing Address:   | Street Address:   |  |
| Registration Section   | Registration Section  |  |
| Division of Corporations   | •   |  |
| P.O. Box 6327  | The Centre of Tallahassee   |  |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  |  |
| Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAI  \$125.00 Filing Fee \$\Bar{\text{S}}\$ \$130.00 Filing Fee & Certificate of \$\Bar{\text{S}}\$ | \$155.00 Filing Fee & S160.00 Filing Fee, Certificate   |  |

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

| Beilie.  |
|--|
| IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT.  |
| 1. ACTION Investment Properties Labellity 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. GOVGIA  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-4778383  (FEI number, if applicable)  |
| 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |
| 5. Action Investment Properties 6. Action Investment Properties (Mailing Address)  |
| 438 Canton Road 638 Canton Road  |
| Cumming, Ga. 30040 Cumming Ga. 30040   |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  |
| Name: Ben Golden   |
| Office Address: 5207 Finisterve Drive  |
| Lanama City Deach, Florida 370 (Zip code)  |
| 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 |

(Registered agent's signature)

and accept the obligations of my position as registered agent.

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: Title or Capacity: Name and Address: Name and Address: Name: Darhara Sumire Name: DVICU Manager □Manager □Member □Member Milton 6a 30004 Authorized ☐ Authorized Person Person □Other Other □ Other ☐ Other\_\_\_\_\_ Name: Kennie Gaul □Manager □Manager Name: \_\_\_\_\_\_ □Member □Member Address: **M**Authorized ☐ Authorized Person Person Other ☐Other □Other Other □Manager Name: □Manager Name: \_\_\_\_\_ ☐ Member Address: □Member Address:

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.

□Other\_\_\_\_\_

□ Authorized

Person

□Other

Other\_\_\_\_

☐ Authorized

Person

Other

- 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

Control Number: 12025954

### 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

#### **ACTION INVESTMENT PROPERTIES 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 : 18630485
Date Inc/Auth/Filed: 03/22/2012
Jurisdiction : Georgia
Print Date : 02/20/2020

Form Number : 211



Brad Raffensperger