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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

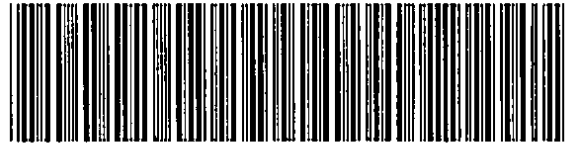
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TREASURY DIVISION

2012 FEB 20 AM 12

FILED

P&R 7.1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Condominium Concepts Management, LLC

Name of Limited Liability Company

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

Name of Person

Ferrante & Associates

Firm/Company

126 Prospect Street

Address

Cambridge, MA 02139

City/State and Zip Code

fna@ferranteandassociates.com

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

For further information concerning this matter, please call:

Santino Ferrante

617

868-5000

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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:

1. Condominium Concepts Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. N/A
(FEI number, if applicable)

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

5. 3400 Peachtree Rd N.E., Suite 1700
(Street Address of Principal Office)

6. 3400 Peachtree Rd N.E., Suite 1700
(Mailing Address)

Atlanta, GA 30326

Atlanta, GA 30326

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

Name: Corporation Service Company

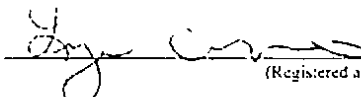
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2021 FEB 28 A 11:12
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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.


(Registered agent's signature)

Lynn Cannelongo, Assistant VP

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]:

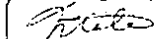
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Michael Natale	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	1855 Griffin Rd, Ste A-330	☐ Authorized	_____
Person	Dania Beach, FL 33004	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ 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. 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.

DocuSigned by:



FB*3553386543E

Signature of an authorized person

Michael Natale, Manager

Typed or printed name of signer

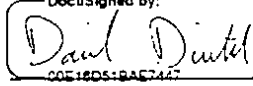
CONSENT TO ASSUMPTION AND USE OF NAME

The undersigned, being the President of FirstService Residential Atlanta, Inc. (formerly known as Condominium Concepts Management, Inc.), hereby states as follows:

1. FirstService Residential Atlanta, Inc. changed its name from Condominium Concepts Management, Inc. in the State of Florida, effective April 16, 2019.
2. FirstService Residential Atlanta, Inc. was withdrawn from the State of Florida, effective January 3, 2020.
3. FirstService Residential Atlanta, Inc. hereby gives its consent to the immediate assumption and use by Condominium Concepts Management, LLC, a Georgia limited liability company, of the name Condominium Concepts Management, LLC, including, but not limited to, the use by Condominium Concepts Management, LLC of the name Condominium Concepts Management, LLC in its application for authorization to transact business to be filed with the Florida Department of State.

DATED: February 24, 2020

**FIRSTSERVICE RESIDENTIAL
ATLANTA, INC.**

DocuSigned by:
By: 
005180518AC7447
David Diestel, President

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

Condominium Concepts Management, 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 : 18663701
Date Inc/Auth/Filed: 01/02/2020
Jurisdiction : Georgia
Print Date : 02/25/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State