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#### **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	3544 Cold Spring LLC	
	Namo	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please re	turn all correspondence concerning this matter to	o the following:
	Ryan Gustafson, Esq.	
		Name of Person
	Gustafson pc	
		Firm/Company
	2330 Westwood Blvd., Ste 103	
		Address
	Los Angeles, CA 90064	
	C	ity/State and Zip Code
	ryan@gustafsonpc.com	
	E-mail address: (to be	used for future annual report notification)
For furth	er information concerning this matter, please cal	11:
	J. Ryan Gustafson	310 361-0787 at ( )
•	Name of Contact Person	Area Code Daytime Telephone Number
Malling Address: Registration Section		Street Address: Registration Section
Division of Corporations		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 DEP \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	orida The al	terruite name must include "Limited Li	iability Company," "L.L.C,"	or "LLC."
Georgia		3.			
(Jurisdiction under the law of which foreign limited liability company is organize		٥	(FE) record	umber, if applicable)	
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistration ne penalty li	ability)	<del></del>	
1706 Woodbine Drive			1706 Woodbine Drive		
et Address of Principal Office)	<del> </del>	6	(Mailing Address)		<del></del>
Brandon, FL 33510		i	Brandon, FL 33510		
		_		2121 SEC	
		_			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cc <del>ep</del> table)	HAA I	,
				∺-< <b>ω</b> M <sub>o</sub>	m
Name:	Charles Markun		•		$\Box$
rane.	TO CHI DI		<del></del>	64 E	
Office Address:	1706 Woodbine Drive			;	
	Brandon		33510 , Florida		
			Florida		

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: Charles Markun Name: \_\_\_ □Manager ☐ Manager Address: 2 Amigos Lane 1706 Woodbine Drive Address: **■**Member ■ Member Santa Fe, NM 87508 Brandon, FL 33510 □ Authorized □ Authorized Person Person □Other\_ □Other\_\_\_\_ Other \_ □Other □Manager ☐ Manager Name: Name: \_\_\_\_\_ ☐ Member Address: \_\_\_\_\_ □ Member Address: □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other □Other \_\_\_\_\_\_ Other\_ Name: □Manager ☐ Manager ☐Member ☐ Member Address: 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. Nonindexed 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. - Mr les Markem

Signature of an authorized person Charles Markun

Typed or printed name of signee

Control Number: 19089645

#### 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

# 3544 Cold Spring 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 : 18717013
Date Inc/Auth/Filed: 06/19/2019
Jurisdiction : Georgia
Print Date : 03/05/2020

Form Number : 211



Brad Rafforsperger