• • •	
MZDDD	XXX = 31
(Requestor's Name)	
(Address)	
(Address)	900343900149
(City/State/Zip/Phone #)	04/29/2001005022 **130.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u>(; 20080) 4.3415</u> Office Use Only	
	TGLASS
	MAY 1 8 2020



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2020

ANNA GABRIELSEN 3740 DAVINCI CT, SUITE 100 PEACHTREE CORNERS, GA 30092 US

SUBJECT: FORESITE CONSULTING FROUP OF FLORIDA, LLC Ref. Number: W20000043415

We have received your document for FORESITE CONSULTING FROUP OF FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 220A00009052

RECEIVED

MAY 1 5 2020

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

· .

COVER LETTER

TO: Registration Section Division of Corporations

Foresite Group, LLC

SUBJECT:

For further

.

.

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		
Foresite Group, LLC			
	Firm/Company		
3740 Davinci Ct, Suite 100			
	Address		
Peachtree Corners, GA 30092			
City/State and Zip Code			
licensing@fg-inc.net			
E-mail address: (to be	used for future annual report notification)		
r information concerning this matter, please cal	l:		
Anna Gabrielsen	706 264-5652 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
1ailing Address:	Street Address:		
legistration Section	Registration Section		
Division of Corporations	Division of Corporations		
.O. Box 6327	The Centre of Tallahassee		
allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP.	ARTMENT OF STATE		
🛛 \$125.00 Filing Fee 👘 🚍 \$130.00 Filing Fee			

Certified Copy

Certificate of Status

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:

L. Foresite Group, LL (Name of Fore	C eign Limited Liability Company; must include "Limite	ed Liability	y Company," "L.L.C.," or "LLC.")	
Foresite Consulting G	roup of Florida, LLC			
(If name unavailable, enter alter	nate name adopted for the purpose of transacting business in F	Iorida The	alternate name must include "Limited Liability Company," "L.L.C," or "LLC."	
Georgia 2		3.	38-3672020 (FEI number, if applicable)	
Upon Submittal/Ro				
7	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to detern	 registration nuae penalty 	n.) fiabilityj	
3740 Davinci Ct		6.	3740 Davinci Ct (Mailing Address)	
5. (Street Address of Principal Off	lice)		(Maning Adoress)	
Suite 100			Suite 100	
Peachtree Comers.	GA 30092		Peachtree Corners, GA 30092	
7. Name and street ad	Idress of Florida registered agent: (P.O. Bo	x <u>not</u>	acceptable)	
Name:	Registered Agents Legal Services. Ll			
Otfice Address:	155 Office Plaza Dr, Suite A		Č:	
0				

Registered agent's acceptance:

Tallahassee

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.

(City)

ö

2 9

32301

(Zip code)

, Florida

ed 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]:

•

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	□Manager	Name:
Member	Address: 3740 Davinci Ct, Suite 100	Member	Address: 2128 Moores Mill Rd, Suite C
Authorized	Peachtree Corners, GA 30092	□Authorized	Aubum, AL 36830
Person		Person	
⊡Other	🗇 Other	Other	Other
□Manager	Pamela Conion	□Manager	Name:
■Member	Address:		Address:
Authorized	Peachtree Corners, GA 30092	Authorized	
Person		Person	
Other	□Other	Other	Other
			20201.
Manager	Name:	Manager	Name:
□Member	Address:	Member	Address:
Authorized		□Authorized	<u> </u>
Person		Person	29
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.

melaA m KIN

Signature of an authorized person

Pamela Conlon

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. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Foresite Group, 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 is used. 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.

29

Docket Number: 19010602Date Inc/Auth/Filed:01/24/2003Jurisdiction: GeorgiaPrint Date: 04/21/2020Form Number: 211

Brad Raffinsper

Brad Raffensperger Secretary of State