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COVER LETTER

	Registration Section Division of Corporations		
oun icz	Kyzer Group LLC		
SUBJEC	T:	ame of Limited Liability Company	_
The enclo Existence	osed "Application by Foreign Limited Liabili e, and check are submitted to register the abo	ty Company for Authorization to Transact Business in Florida ve referenced foreign limited liability company to transact bus	ı," Certificate o siness in Florid
Please ret	turn all correspondence concerning this matte	er to the following:	
	Brian Kyzer		
		Name of Person	_
	Kyzer Group LLC DBA Watanut	i	
		Firm/Company	_
	3604 Verandah Dr		
	-	Address	_
	Augusta Georgia 30909		
		City/State and Zip Code	_
	brian@watanut.com		
	E-mail address: (to	be used for future annual report notification)	_
For furthe	er information concerning this matter, please	call:	
-	Brian Kyzer	706 533-9293 at ()	 -
	Name of Contact Person	Area Code Daytime Telephone Number	
<u> </u>	Mailing Address:	Street Address:	2020 / !:^ 3
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	3
	P.O. Box 6327	The Centre of Tallahassee	3
•	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	- 24
		Tallahassee, FL 32303	·:
i	Enclosed is a check for the following amount	t:	6: -
	Please make check payable to: FLORIDA D	EPARTMENT OF STATE	Ü
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS, INTUE STATE OF FLORIDA:

Kyzer Group LLC	MINESS IN THE STATE OF FLORIDA:		
	Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")	
Fname unavailable, enter alternate i	name adopted for the purpose of transacting busi	iness in Florida. The alternate name must include "Limited Liability C	ompany," "L.L.C," or "LLC,")
Georgia		81-4644620	
(Jurisdiction under the law of which foreign limited liability company is o		3. (FEI number, if app	nlicable)
	(Date first transacted business in Florida, i (See sections 605,0904 & 605,0905 F.S.	f prior to registration.) to determine penalty liability)	
118 Centre St		3604 Verandah Dr	
treet Address of Principal Office)		6. (Mailing Address)	
Fernandina Beach FL	32034	Augusta GA 30909	2026
			.; .; .;
. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Brian Kyzer		# # #3
Office Address:	118 Centre St		
	Fernandina Beach	32034 , Florida(Zip code)	
	(City)	(Zip code)	
esignated in this applica comply with the provisi	gistered agent and to accept servition, I hereby accept the appoint	ice of process for the above stated limited liabili ment as registered agent and agree to act in this proper and complete performance of my duties, nt.	capacity. I further ag
	(Reustere	d agem'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: Name and Address: Title or Capacity: Name: Kam Kyzer Name: _ Brian Kyzer **■**Manager ■ Manager Address: ___ 3017 Fox Spring rd Address: ___ □Member □Member Augusta GA 30909 Augusta GA 30909 ☐ Authorized □ Authorized Person Person □Other____ Other___ □Other____ Other_ □Manager □Manager Name: Name: Address: __ □Member Address: _____ □Member □ Authorized ☐ Authorized Person Person □Other__ □Other □Other □Other____ □Manager □ Manager Name: □Member □Member Address: _____ Address: ____ $^{\circ}$ ☐ 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. Signature of an authorized person

Control Number: 13471622

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

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

Kyzer Group, L.L.C. 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 printa-facie evidence that said entity is in existence or is authorized to transact business in this state.

| Docket Number | : 19568381 | Date Inc/Auth/Filed | 10/25/2013 | Jurisdiction | : Georgia | Print Date | : 08/31/2020 |

Form Number : 211



Brad Raffensperger

Brad Ruffensperger Secretary of State