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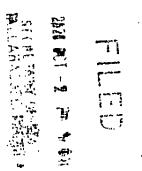
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

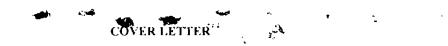
Office Use Only



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10/02/20--01025--009 **160.00





nclosed "Application by Foreign Limited Liability Connce, and check are submitted to register the above reference return all correspondence concerning this matter to the Robert Ward	
return all correspondence concerning this matter to the Robert Ward	erenced foreign limited liability company to transact business in Flo
Robert Ward	
	
	Name of Person
Loring Design Group LLC	
	Firm/Company
475 Central Ave, Suite 201	
	Address
Saint Petersburg FL 33701	
City	/State and Zip Code
robbabn@aol.com	
E-mail address: (to be us	sed for future annual report notification)
rther information concerning this matter, please call:	
Robert Ward	727 213-4410 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ananassee, 1 t. 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Lim	ited Liability Company," "L.L.C," or "U
Georgia		85-3183760 3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	TFT:	I number, if applicable)
	(Date first transacted business in Florida, if prior to r	costration)	
	(See sections 605 0904 & 605,0905, F.S. to determine	ne penalty liability)	
475 Central Ave		475 Central Ave	A STATE TO THE STATE OF THE STA
eet Address of Principal Office)		6. (Mailing Address)	PANK.
Suite 201		Suite 201	
Saint Petersburg FL 33	.701	Saint Petersburg FL 33	701
vanie and <u>street address</u>	ss of Florida registered agent: (P.O. Box		
Name:	Robert Ward		
Name:	Robert Ward		
Name:	Robert Ward		

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: Nathaniel L Warner	■Manager	Name:
■Member	Address:	□Member	Address: 2181 Deep Woods Way
■ Authorized	Marietta GA 30064	□Authorized	Marietta GA 30062
Person		Person	Director of Architectural
Other		Other	□Other
■Manager	Name:	□Manager	Name:
□Member	Address: 242 Orchard Circle	□Member	Address:
□Authorized	Woodstock GA 30188	□Authorized	
Person	Director of Engineering	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.

200	
	Signature of an authorized person
Nathaniel L Warner	
	Typed or printed name of signee

Control Number: 20179149

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF ORGANIZATION

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Loring Design Group LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 09/02/2020 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 09/25/2020.



Brad Rafforsperger

Brad Raffensperger Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State

Filing Date: 9/2/2020 3:54:34 PM

BUSINESS INFORMATION AND THE PROPERTY OF THE P

CONTROL NUMBER

20179149

BUSINESS NAME

Loring Design Group LLC

BUSINESS TYPE

Domestic Limited Liability Company

EFFECTIVE DATE

09/02/2020

ADDRESS

109 Anderson ST SE, Suite 105, Marietta, GA, 30060, USA

REGISTERED AGENT

NAME

ADDRESS

COUNTY

David T Lanham

130 Laguna Spring Dr, Woodstock, GA, 30188, USA

Cherokee

ORGANIZER(S)

NAME

TITLE

ADDRESS

Nathaniel L Warner

ORGANIZER

3007 Stoneridge CT NW, Marietta, GA, 30064, USA

 N/Λ

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE

Nathaniel L Warner

AUTHORIZER TITLE

Member