

M 20000009852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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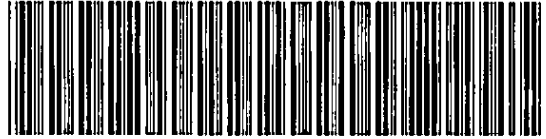
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 27 PM 3:31

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LAW OFFICES
SCHREEDER, WHEELER & FLINT, LLP
1100 PEACHTREE STREET, NE
SUITE 800
ATLANTA, GEORGIA 30309-4516

TELEPHONE: (404) 681-3450
FACSIMILE: (404) 681-1046

Melissa H. Cohn

E-Mail: mcohn@swflfp.com

October 26, 2020

Via FedEx

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Arbor Dadeland, LLC, a Georgia limited liability company

Dear Sir or Madam:

Enclosed please find the following:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Existence (not more than 90 days old, duly authenticated)
- Check in the amount of \$125.00 for the filing fee.

If you have any questions or require anything further, please contact me.

Sincerely,

Melissa H. Cohn

Melissa H. Cohn

MHC/CL

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arbor Dadeland, 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:

Melissa H. Cohn
Name of Person
Schreeder, Wheeler & Flint, LLP
Firm/Company
1100 Peachtree Street, N.E., Suite 800
Address
Atlanta, Georgia 30309
City/State and Zip Code
mcohn@swlllp.com
E-mail address: (to be used for future annual report notification)

FILED
2020 OCT 27 PM 3:31
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Melissa H. Cohn, Attorney In Fact at 404 681-3450
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. Arbor Dadeland, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. 85-3539014
(FEI number, if applicable)

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

5. 3715 Northside Parkway
(Street Address of Principal Office)

6. 3715 Northside Parkway
(Mailing Address)

Building 300, Suite 110

Building 300, Suite 110

Atlanta, Georgia 30327

Atlanta, Georgia 30327

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

Nichol McCary Nichol McCary
(Registered agent signature) Assistant Secretary

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:
☐ Manager Name: Judd Harper
☐ Member Address: 3715 Northside Parkway
☐ Authorized Building 300, Suite 110
 Atlanta, Georgia 30327
 Person
☒ Other President ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: Mary Campbell Jenkins
☐ Member Address: 3715 Northside Parkway
☐ Authorized Building 300, Suite 110
 Atlanta, Georgia 30327
 Person
☐ Other _____ ☐ Other _____

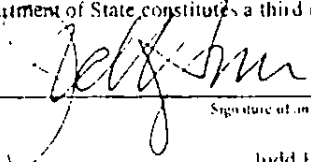
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ 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.



Signature of an authorized person
Judd Harper

Typed or printed name of signer

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

Arbor Dadeland, 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 : 19655713
Date Inc/Auth/Filed: 10/02/2020
Jurisdiction : Georgia
Print Date : 10/13/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State