

M2000000/1233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

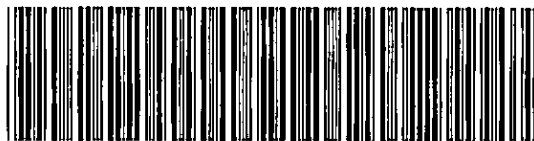
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500355676305

12/04/20--01021--018 **160.00

RECEIVED
FEB 11 2021

2020 DEC -4 PM 5:13

FILED

K SALY
DEC -7 2021

KIRK PALMER & THIGPEN, P.A.

Melanie J. Wright
email mjwright@kptlaw.com
Direct Dial (704) 927-9246
Direct Fax (704) 927-9246

ATTORNEYS AT LAW
1300 BAXTER STREET
SUITE 300
CHARLOTTE, NORTH CAROLINA 28204
TELEPHONE (704) 332-8000
FACSIMILE (704) 332-8264

December 3, 2020

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
State of Florida
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

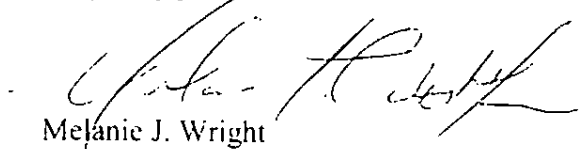
Re: Application for Authorization to Transact Business in Florida for
Equity Resource Partners-Branch, LLC

Ladies and Gentlemen:

On behalf of Equity Resource Partners-Branch, LLC (the "LLC"), please find enclosed herewith two (2) conformed copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, together with a Certificate of Existence authenticated by the Georgia Secretary of State and the Certificate of Designation of Registered Agent/Registered Office. Also enclosed is our firm's check made payable to "Florida Department of State" for \$160.00 in payment of the required \$100 filing fee, \$30 Certified Copy fee, \$5 Certificate of Status fee and \$25 Designation of Registered Agent fee.

Please file the enclosed Application upon your receipt of this letter and return evidence of the filing to me at my address listed above in the return Federal Express envelope enclosed for that purpose. Thank you for your cooperation.

Very truly yours,


Melanie J. Wright
For the Firm

MJW:ks

Enclosures

cc: Ron L. Turner, Jr. (via e-mail)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Equity Resource Partners-Branch, 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:

Melanie J. Wright

Name of Person

Kirk Palmer & Thigpen, P.A.

Firm/Company

1300 Baxter Street, Suite 300

Address

Charlotte, NC 28204

City/State and Zip Code

mwright@kplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie J. Wright 704 927-9246

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. Equity Resource Partners-Branch, LLC
(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 3. 85-4002159
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 80 W. Wieuca Rd NE, Suite 204 6. 80 W. Wieuca Rd NE, Suite 204
(Street Address of Principal Office) (Mailing Address)

Atlanta, GA 30342 Atlanta, GA 30342

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee 32301
(City) , Florida (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.

Karen McKeown
(Registered agent's signature)

Karen McKeown, Asst. Sec.

FILED
REC-4 PM 5:13
JAN 11 2011
TALLAHASSEE, 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Piedmont Land Development, Inc.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Equity Resource Partners III, LLC</u>
<input type="checkbox"/> Member	Address: <u>568 Jetton St, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>80 W. Wieuca Rd NE, Suite 200</u>
<input type="checkbox"/> Authorized	<u>Davidson, NC 28036</u>	<input type="checkbox"/> Authorized	<u>Atlanta, GA 30342</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 authorized person
 Ron L. Turner, Jr., President of Piedmont Land Development, Inc., Manager

 Typed or printed name of signer

FILED
 2000 DEC 14 PM 5:14
 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

FILED
2020 DEC -4 PM 5:14
FALLS CHURCH, VIRGINIA

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

Equity Resource Partners-Branch, 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 : 19836272
Date Inc Auth/Filed: 11/18/2020
Jurisdiction Georgia
Print Date : 12/03/2020
Form Number 211



Brad Raffensperger

Brad Raffensperger
Secretary of State