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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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|--|---|--|--|--------------------------------------|
| | ation Section 😽 😸 | • | • | ţ. |
| Tir SUBJECT: | ne and Water, LLC | | | |
| | Nai | me of Limited Liability Con | ipany | |
| The enclosed "A Existence, and cl | pplication by Foreign Limited Liability heck are submitted to register the abov | y Company for Authorizatio e referenced foreign limited | n to Transact Business in Florida, liability company to transact busi | " Certificate of ness in Florida. |
| Please return all | correspondence concerning this matter | to the following: | | |
| | Karon Massey-Jones | | | |
| | | Name of Person | | • |
| | James T. Johnston, Jr., LLC | | | |
| | | Firm/Company | | • |
| | 900 Circle 75 Parkway, SE, Suite 11 | 25 | | |
| | | Address | | • |
| | Atlanta, GA 30339 | | | |
| | | City/State and Zip Code | | • |
| | Jennifer.Martin@mtnexpressoil.com | | | |
| | E-mail address: (to | be used for future annual re | port notification) | - |
| For further infor | mation concerning this matter, please of | call: | | |
| Karon | Massey-Jones | 770 at () | 859-888 | |
| - | Name of Contact Person | Area Code | Daytime Telephone Number | • |
| | <u>a Address:</u> ration Section | Street Address: Registration Sect | | |
| Division of Corporations | | • | Division of Corporations The Centre of Tallahassee | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | Street, Suite 810 | |
| Please | ed is a check for the following amount: make check payable to: FLORIDA DI 5.00 Filing Fee | EPARTMENT OF STATE | ; Fee & 🔝 \$160.00 Filing Fee. | |

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

IN COMPLIANCE WITH SECTION 605 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TEMPLED LABILITY COMPANY TO TRANSACT RUNINESS IN THE STATE OF FLORIDA:

| /Name of Foreign | Limited Liability Company, must include "Limite | d Liability Comp | pany, ""L.L.C.," or "LLC") | |
|-------------------------------------|--|-----------------------|-------------------------------------|-------------------------------|
| | | | | |
| name unavailable, enter alternate n | ame adopted for the purpose of transacting business in I | lorida. The alternati | e name must include "Limited Liabil | ity Company," "L. L. C," or " |
| | • | N/A | | |
| Georgia | nich foreign limited liability company is organized) | 3. | (FEI number, i | 2 1 2 1 1 2 1 2 2 |
| (Jurisdiction under the law of w | nich foreign limited liability company is organized) | | (PEI number,) | ir appricanie) |
| January 1, 2021 | | | | |
| January 1, 2021 | 5 7 | | | |
| | (Date first transacted business in Florida, if prior to (See sections (45 0904 & 605 0905, F.S. to detern | nne penalty hability | 9 | |
| 1899 Powers Ferry Roa | ad | 900 (| Circle 75 Parkway, SE | 2624 DEC |
| reet Address of Principal Office) | · | 6 | (Mailing Address) | B |
| | | | 1126 | 23 |
| Suite 440 | | Suite 1125 | | |
| | | | | <u> </u> |
| Atlanta, GA 30339 | | Atlanta, GA 30339 | | ယ ု |
| | | | | 7 F |
| Name and street addres | s of Florida registered agent: (P.O. Bo | x NOT accep | table) | |
| rame and <u>succe address</u> | or transmire | · | , | |
| | C.T. Composition Suptress | | | |
| Name: | C T Corporation System | | <u> </u> | |
| | 1200 2 - 1 12 - 1-1 - 1 11 - 1 | | | |
| Office Address: | 1200 South Pine Island Road | | _ | |
| Office Fidel vos. | | | 22221 | |
| | Plantation | | , Florida | |
| | | | | |

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.

C. I. Corporation System

Nichol McCroy, Assistant Secretary
(Registered agent's succine)

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: Lamar Frady | □Manager | Name: Turjo Wadud |
| ■Member | Address: | ■Member | Address: 1899 Powers Ferry Rd. |
| □Authorized | Suite 440 | □Authorized | Suite 440 |
| Person | Atlanta, GA 30339 | Person | Atlanta, GA 30339 |
| Other | Other | Other | □Other |
| | | | Name: |
| □Manager | Name: | □Manager | Name: DE |
| □Member | Address: | □Member | Address: $\overset{\triangleright}{\omega}$ |
| □Authorized | | □Authorized | |
| Person | | Person | ψ. ———————————————————————————————————— |
| 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.

| $\mathcal{M}_{\mathcal{L}}$ | h/ | |
|-----------------------------|-----------------------------------|---|
| 0 | Signature of an authorized person | |
| Turjo Wadud | | _ |
| | Typed or printed name of signee | |

Control Number: 20063720

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

Time and Water, 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 : 19859633 Date Inc/Auth/Filed: 04/30/2020 Jurisdiction : Georgia Print Date : 12/16/2020

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State