

1/8/2021

Division of Corporations

M2100000353

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000009478 3)))

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company 1 RIVERSIDE PROPERTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

M. SOLOMON
Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 RIVERSIDE PROPERTY, 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:

TERRY K HOUSE JR

.....
Name of Person

MORRIS COMMUNICATIONS COMPANY, LLC

.....
Firm/Company

725 BROAD STREET

.....
Address

AUGUSTA GA 30901

.....
City/State and Zip Code

terry.house@morris.com

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

For further information concerning this matter, please call:

TERRY K HOUSE JR

706

823-3356

.....
at ()

.....
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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**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. 1 RIVERSIDE PROPERTY, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

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

4. _____
(Does this foreign limited liability company have a place of business in Florida? If none, so register now. (See sections 605.0904 & 605.0905, F.S. re. domestic limited liability.)

5. 1 RIVERSIDE PROPERTY, LLC
(Name of Foreign Principal Officer)

6. 1 RIVERSIDE PROPERTY, LLC
(Principal Address)

725 BROAD STREET

725 BROAD STREET

AUGUSTA GA 30901

AUGUSTA GA 30901

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

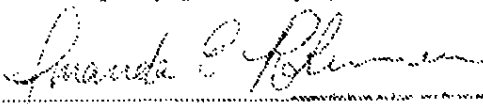
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.


(Registered agent's signature)

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CLERK OF STATE
 TALLAHASSEE, FLORIDA

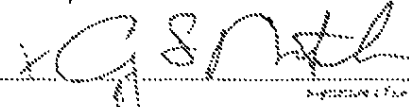
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>WILLIAM S. MORRIS III</u>	<input checked="" type="checkbox"/> Manager	Name: <u>CRAIG S MITCHELL</u>
<input type="checkbox"/> Member	Address: <u>725 BROAD STREET</u>	<input type="checkbox"/> Member	Address: <u>725 BROAD STREET</u>
<input type="checkbox"/> Authorized	<u>AUGUSTA GA 30901</u>	<input type="checkbox"/> Authorized	<u>AUGUSTA GA 30901</u>
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>TERRY K HOUSE JR</u>	<input type="checkbox"/> Manager	Name: <u>J. NOEL SCHWEERS</u>
<input type="checkbox"/> Member	Address: <u>725 BROAD STREET</u>	<input type="checkbox"/> Member	Address: <u>725 BROAD STREET</u>
<input checked="" type="checkbox"/> Authorized	<u>AUGUSTA GA 30901</u>	<input checked="" type="checkbox"/> Authorized	<u>AUGUSTA GA 30901</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

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 the authorized person.
 CRAIG S MITCHELL

 Printed name of the authorized person.

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 DEPT OF STATE
 SECRETARY OF STATE

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Control Number : 17030963

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

1 Riverside Property, 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 : 19918309
Date Inc/Auth/Filed : 03/14/2017
Jurisdiction : Georgia
Print Date : 01/07/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State