M2100000 4570

	Requestor's Name)
(4	Address)
(/	Address)
(0	Dity/State/Zip/Phone #)
□ ≥0<0 ≥	WAIT MAIL
(£	Business Entity Name)
()	Document (Humber)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer

Office Use Only



600364281046

SECRETARY OF STATE

2021 APR 16 4/111: 00

APR 15 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/16/2021		**WALK	[N*≠
ENTITY NAME ELITE	RENTAL GROUP, LLC		 -
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy Certified Copy Certificate of Status	**WALK	M**
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments Certificate of Good Standing	1 12 JA	,.
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		<u> </u>	
TOTAL OWED \$125.00	ACCOUNT #: I20160000072		
Please call Tina at th	be above number for any issues or concerns. Thank you so	much!	

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

22112 102 11113 1111	UP LJ.C.				
(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Company," "L.L.	C.," or "LLC.")		
				7. 1. 0. H. 11. 0. H.	
me unavailable, enter alternate iu	ame adopted for the purpose of transacting business in Fk	rida. The alternate name must inc	hide "Limited Liability	(Company, "FLL.C," or "LLC")	
icorgia		86-2858818			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)		
				AT ASSAULT BUNGACK	
	Out of transported business in Florida if print to	registrātion.)		_	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	ine penalty liability)		$p \in F^*EP(p)[\mathbb{A} L^2]$	
3325 Salem Cove Driv	re	3325 Salem C	ove Drive		
(Street Address of i	rincipal Office)	6	(Mailing Address)	
Covington, GA 30013		Covington, Ga	\ 30013		
50 mg (on, 671 500 12					
- -				•	
Name and street addres	ss of Florida registered agent: (P.O. Bo.	x NOT acceptable)		202	
				7.5-	
				ادار	
	MyCompanyWorks, Inc.			73	
Name:	MyCompanyWorks, Inc.			FR 16	
	MyCompanyWorks, Inc. 625 E. Twiggs St., Ste. 1000			FR 16 A	
Name: Office Address:				FR 16 A411	
			33602 a	FILE) ER 16 - A411: 00	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Donna Duncan Name: Shani Moore Manager Manager 3325 Salem Cove Dr. 205 Dairyland Drive Member Address: ■ Member Convers, GA Covington, GA 30016 ☐ Authorized Authorized Person Person Other____ Other_____ Other_ Other_ Manager Manager Name: Manager Address: _____ Member | Address: _____ Member Authorized Authorized Person Person Other____ Other__ Other ____ Other____ Name: _____ Name: _____ Manager Manager Address: Member | Address: _____ Meinber ☐ 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. Nonindexed 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 Shani Mobre, Member Typed or printed name of signee

Control Number: 21069637

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

ELITE RENTAL GROUP 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.

or emerges that or end of the

| Docket Number | 20810124 | | Date Inc/Auth/Filed | 03/09/2021 | Jurisdiction | Georgia | Print Date | 04/15/2021 |

Form Number : 211



Bred Raffensperger

Brad Raffensperger Secretary of State