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#### COVER LETTER

TO: Regi Divi:	stration Section sion of Corporations		·	à	
SU <b>BJEC</b> T:	ABCx2, LLC				
	Name	of Limited Liability C	отрапу	<del></del>	
The enclosed Existence, and	"Application by Foreign Limited Liability of check are submitted to register the above	Company for Authoriza referenced foreign limit	tion to Transact Business in Flor ed liability company to transact b	ida," Cert ousiness in	ificate n Flori
Please return	all correspondence concerning this matter to	o the following:			
	James K. Allerdice, Jr.				
		Name of Person		<del></del>	
	ABCx2, LLC			2	
		Firm/Company		-5	
	162 Brittany Ln		:	: 3	1
	<del></del>	Address		الن—	i
	Senoia, GA 30276		. •	. हार . हार	
		ity/State and Zip Code			•
	j.allerdice@abcx2.com		î ,		
	E-mail address: (to be	used for future annual	report notification)		
For further in	formation concerning this matter, please ca	11:			
James K. Allerdice, Jr.		678 at (	485-0852		
	Name of Contact Person	Area Code	Daytime Telephone Numb	er	
	ling Address:	Street Address:			
Registration Section		Registration Se			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of			
Tall	lahassee, FL 32314	2415 N. Monn Tallahassee, F.	oe Street, Suite 810 L 32303		
	osed is a check for the following amount:				
	se make check payable to: FLORIDA DEF				_
□ 2	125.00 Filing Fee \$130.00 Filing Fe Certificate		ing Fee & <b>S</b> \$160.00 Filing 1 ed Copy of Status &		

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Georgia	ame adopted for the purpose of transacting business in Florida.	The alternate came must include "Limi	ited Liability Cor	quary," "L	L.C," or "L	
_		47-3232052				
(Jurisdiction under the law of w	nch foreign limited liability company is organized)	3				
January 8, 2021						
	(Dute first transacted business in Florida, if prior to regist (See sections 605.0904 & 605.0905, F.S. to determine pe	ration.) malty liability)		2921		
162 Brittany Ln				, jo	7	
et Address of Principal Office)		6. (Mailing Address)		<del>J</del>	* Em.	
Senoia, GA 30276		Senoia, GA 30276	•		1.7	
			£ 1	155	الي -	
			• 1	C,D		
Name:	John M. Waish  3616 Harden blvd suite 323					
Office Address:						
Office Address:	Lakeland	33803 , 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]; Title or Capacity: Name and Address: Title or Capacity: Name and Address: James K. Allerdice, Jr. ■ Manager □ Manager Name: 162 Brittany Ln ☐ Member Address: ☐ Member Address: Senoia, GA 30276 ☐ Authorized □ Authorized Person Person ☐Other\_ □ Other\_\_\_\_\_ □Other\_ ☐Other\_\_\_\_ □ Manager Name: ☐Manager Name: □Member Address: □Member Address: □ Authorized □ Authorized Person Person □Other\_ □Other \_\_ □Other □Manager ☐ 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. 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 James K. Allerdice, Jr.

Typed or printed name of signee

Control Number: 15018531

### 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 scal of my office that

# ABCx2, 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 : 19998680 Date Inc/Auth/Filed: 02/13/2015 Jurisdiction : Georgia Print Date : 01/14/2021 Form Number : 211

1776

Brad Raffanspager

Brad Raffensperger Secretary of State