

5/17/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H2100005990

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
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
SFG LM PINELLAS PARK, LLC

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

MAY 18 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFG LM Pinellas Park, 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.

Sandy Riley

Name of Person

Stonemont Financial Group

Firm/Company

3280 Peachtree Road NE, Suite 2770

Address

Atlanta, GA 30305

City/State and Zip Code

info@stonemontfinancial.com

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

2021 MAY 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call.

Sandy Riley

770

373-7898

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 &
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. SFG LM Pinellas Park, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 3280 Peachtree Road, NE, Suite 2770
(Street Address of Principal Office)

6. 3280 Peachtree Road, NE, Suite 2770
(Mailing Address)

Atlanta, GA 30305

Atlanta, GA 30305

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.

Corporation Service Company

By:

(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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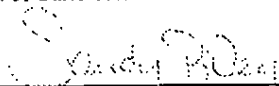
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sandy Riley</u>	<input type="checkbox"/> Manager	Name: <u>John D. Altmeyer</u>
<input type="checkbox"/> Member	Address: <u>3280 Peachtree Road, NE</u>	<input type="checkbox"/> Member	Address: <u>3280 Peachtree Road, NE, Ste 2770</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 2770</u>	<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30305</u>
Person	<u>Atlanta, GA 30305</u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Neal Moskowitz</u>	<input type="checkbox"/> Manager	Name: <u>William I. Markwell, III</u>
<input type="checkbox"/> Member	Address: <u>3280 Peachtree Road, NE, Ste 2770</u>	<input type="checkbox"/> Member	Address: <u>3280 Peachtree Road, NE, Ste 2770</u>
<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30305</u>	<input checked="" type="checkbox"/> Authorized	<u>Atlanta, GA 30305</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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 an authorized person.

Sandy Riley

Typed or printed name of signee

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2020 MAY 17 AM 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

Control Number : 21112980

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

SFG LM Pinellas Park, 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 : 20938293
Date Inc/Auth/Filed: 04/15/2021
Jurisdiction : Georgia
Print Date : 05/17/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State