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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
o.c.	JO WAIT MAIL
	(Business Entity Name)
	(Decument Number)
Certified Cobles	Certificates of Status
Special Instruct or	nt to Filing Officer

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/21/2021	
Name:		_
	#:1363539	_
Entity Nam	ne:POR	TAL 3 LLC
✓ Artic	cles of Incorporation/Authorization	to Transact Business
Am	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	rger	
☐ Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount: \$125.00	_
Signature:	du muy	

F: 800.944.6607

COVER LETTER

TO:

CT: Portal 3 LLC	
Nan	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Correferenced foreign limited liability company to transact business
eturn all correspondence concerning this matter	to the following:
Melinda Moore Nix	
	Name of Person
Taylor English Duma LL	.p
	Firm/Company
1600 Parkwood Circle, S	Suite 200
	Address
Atlanta, GA 30339	
(City/State and Zip Code
mnix@taylorenglish.co	m
E-mail address: (to b	e used for future annual report notification)
ner information concerning this matter, please ca	all:
Melinda Moore Nix	at (678) 336.7136
Name of Contact Person	at (678) 336.7136 Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



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: (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 "L.L.C," or "L.L.C," Georgia (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date tirst transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6315 McDonough Drive (Mailing Address) 5. 6315 McDonough Drive (Street Address of Principal Office) Norcross, GA 30093 Norcross, GA 30093 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. 115 North Calhoun Street, Suite 4 Office Address:

Registered agent's acceptance:

Tailahassee

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.

(Cuy)

___ , Florida <u>_ 32301</u>

Menutt Walker ASST Secretary
(Registered agent's signature)



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: Title or Capacity: Name and Address: Name and Address: Name: Kirk W. Halpern □Manager Manager Name: _____ ☑ Member Address: 110 N. Deyereaux Ct. NW □Member Address: ☐ Authorized Atlanta, GA 30327 □ Authorized Person Person □Other ____ □ Other □ Oth Other____ Name: □Manager □ Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other -□Other_____ □Other □Other_____ Name: □Manager Name: □Manager □Member Address: Address: ☐ Member ☐ 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

Typed or printed name of signee

Kirk W. Halpern

Control Number: 18010117

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

Portal 3 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 : 20922589 Date Inc/Auth/Filed: 01/19/2018 Jurisdiction : Georgia Print Date : 05/11/2021

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State