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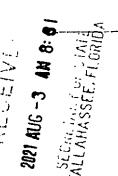
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Foreign Limited Liability Company 5353 FEDERAL MOB, LLC

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Help



From: Ranae McGraw

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUNNESS IN THE STATE OF FLORIDA

r adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Via	anniy Company. 1,130 or 130
	•	
foreign limited liability (nampany is organized)	(FTTnumbe	er, if applicable)
(Date first transacted becomes in Florida, if prior to re (See accused 605 (2004 & 605 0095, F.S. to determine	gistration ? penalty hability;	
y.	10800 Davis Drive	
	(Mailing Andress)	
	Alpharetta, GA 30009	
		21
of Florida registered agent. (P.O. Box CT Corporation System	NOT acceptable)	NO -3 M D
1200 South Pine Island Road		O 47
Plantation	33324 Florida	
(City)	(Ziji code)	
	(One first transacted business in Plands if provide receives 605 (964 & 605 9945, F.S. to determine S.S.) Of Florida registered agent. (P.O. Box C.T. Corporation System)	(Pate first transacted backing in Plands of prior to registration.) (Pate first transacted backings in Plands of prior to registration.) (See security 695 (2004 & 605 0005, F.S. to determine penalty habitary) (Mailing Address) Alpharetta, GA 30000 Of Florida registered agent. (P.O. Box. NOT acceptable) C.T. Corporation System 1200 South Pine Island Road

8.	For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to
nı:	anage fun to six (5) totall:

Title or Capacity:	Name and Address:		Title or Capacity:		Name and Address:
≤Manager	Name: George Scopetta		□Manager	Name	
□Membei	Address: 10800 Davis Dr. Alpharetta, GA	30009	_ Member	Address:	
□Authorized		-	_Authorized		
Person		-	Person		
□Other	Other	-	Other		Other
∐Manager	Name:	-	∐ Manager	Name	
□Member	Address:	_	⊒Member	Address:	
□Aurhorized		_	☐ Authorized		
Person		_	Person		
□Other			_Cuher		□Other
∐Manager	Name:	_	∏Manager	Name:	
□Member	Address:		☐ Member	Address:	
□Authorized			Authorized		
Person		_	Person		
□Other	<u>_</u>	_	_Other		□Other

Important Notice. Use an attachment to report more than six (o). 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 percentage	Adl
ľeri Bowley	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "5353 FEDERAL MOB, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203378906

Date: 06-07-21