Page: 3 of 6

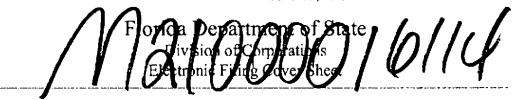
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From: Lexus Wingo

11/19/21, 11:39 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

\*\*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 10151 ENTERPRISE MOB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

į	LEASE:HONOR	THE ORIGINAL	FILING	DATE OF	11/19/2021
<b>-</b>	, ,				

Page, 4 of 6

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

IN COMPLIANCE WITH SECTION 605,6902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL 10151 ENTERPRISE MOB. LLC (Name of Foreign Limited Liability Company; must meltide "Limited Liability Company" "LLC," or "LLC") (If name unavailable, enter attenuate name adopted for the purpose of transacting business in Florida. De alternate name must include "Limited Franklity Company," "L.L.C." or "LLC." or "LLC." (i lil number, if applicable) (Jurisdiction under the law of which foreign limited fedulity company is organized) (Date trial transacted business in Florida if print to registration), (See sections 605 6964 & 605 6905, F.S. to determine penalty liability). 10800 DAVIS DRIVE 10151 ENTERPRISE CENTER BLVD. (Street Address of Principal Office) ALPHARETTA, GA 30009 BOYNTON BEACH, FL 33437 7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

Ву:	CT Corporation System	Donna Stofly 80	
·	(Registered agent's sign	lature)	
Donna P	eterson-Rives Asst Secretary		

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:
□Manager	Name: CEORGE SCOPETTA	☐Manager	Name:	
□Member	Address: 10800 DAVIS DRIVE	□Member	Address:	
☑Authorized	ALPHARETTA, GA 30009	∃Authorized		
Person		Person		·
□Other	Other	Other	<del></del>	IIOther
□Manager	Name:	□Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		∃Authorized		
Person		Person		
□Other				
∐Manager	Name:	I Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		··-
□Other		_Other		Other

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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in \$,817,155, F.S.

George	Scopetta
	Signature of an null crized person
GEORGE SCOPETTA	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "10151 ENTERPRISE 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2021.

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

at corp.delaware.gov/authve

Authentication: 204738864

Date: 11-18-21