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APPROVEU AND FILED CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	120000000)195	
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

		COVER LETTER
	tration Section ion of Corporations	
SUBJECT:	M&O SOUTHPARK MOB, LLC	
SUBJECT	Name	of Limited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability Coheck are submitted to register the above r	Company for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited liability company to transact business in Florida.
Please return ai	Il correspondence concerning this matter to	the following:
	Chastity Herren	
		Name of Person
	Meadows & Ohly	
		Firm/Company
	275 Scientific Drive, Suite 1000	
	-	Address
	Peachtree Corners, Georgia 30092	
	Cir	ty/State and Zip Code
	Chastity.Herren@Meadowsandohly.c	om
	E-mail address: (to be	used for future annual report notification)
For further info	rmation concerning this matter, please call	:
Chast	tity Herren	470 273-3011
	Name of Contact Person	at () 273-3011 Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

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 COMPANYTO TRANSACT RESINESS IN THE STATE OF FLORIDA-

M&O SOUTHPARK Name of Foreign	Limited Liability Company; must include "Limited	i Liabilit	Company," "L L.C.," or "LLC ")			
f name unavailable, enter alternate o	name adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC		
Delaware		7				
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	٥.	(Fil) numb	er, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	t) liability)			
275 Scientific Drive, Suite 1000 Street Address of Principal Office) Peachtree Corners, Georgia 30092		6	275 Scientific Drive, Suite	75 Scientific Drive, Suite 1000		
		0	(Mailing Address)			
			gia 30092			
	- contait animal and (D.O. Box	NOT.	occontolala)	7.5.5		
Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT	есеріане)	21 C		
Name:	Corporation Service Company			DEC 14 RETAND AHASSI		
Office Address:	1201 Hays Street					
	Tallahassee		32301 . Florida	8: 28 DRAIC ORDAN		
	(City)		(Zip code)			

Registered agent's acceptance:

Having been named as registered ugent 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

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:	□Manager	Name: John S. Bowling, Jr.
■Member	Address: 275 Scientific Drive	□Member	Address: 275 Scientific Drive
□Authorized	Suite 1000	■ Authorized	Suite 1000
Person	Peachtree Corners, Georgia 30092	Person	Peachtree Corners, Georgia 30092
□Other	Other	[]Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□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. 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

John S. Bowling, Jr.

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

DELAWARE, DO HEREBY CERTIFY "M&O SOUTHPARK 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 NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MGO SOUTHPARK MOB, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204928036

Date: 12-09-21