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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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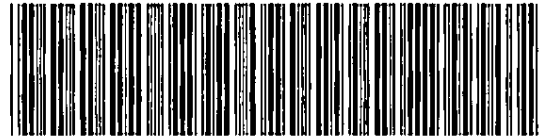
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 29 2021

THOMAS B. REYNOLDS, P.C.

ATTORNEY AT LAW
BUCKHEAD CENTRE, SUITE 265
2970 PEACHTREE ROAD, NW
ATLANTA, GEORGIA 30305

TELEPHONE: 404.961.0001

FACSIMILE: 404.961.0002

December 20, 2021

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Registration of Foreign Limited Liability Company: LACEWOOD, L.L.C.
Registration of Foreign Limited Partnership: MARBLEWOOD, LP

Dear Sir or Madam:

I hope this letter finds you well.

We are registering a foreign limited partnership, MARBLEWOOD, LP. The General Partner is a limited liability company, LACEWOOD, LLC, which we are also registering as a foreign limited liability company. The forms for both entities are enclosed. Please process LACEWOOD, LLC first so that the General Partner will be registered prior to processing MARBLEWOOD, LP.

Please find enclosed the following for registration of LACEWOOD, LLC:

Cover Letter;
Application;
Certificate of Existence in Good Standing from Nevada Secretary of State; and
Check for \$160.00.

Note that LACEWOOD, LLC is the General Partner for MARBLEWOOD, LP (below).

Please find enclosed the following for registration of MARBLEWOOD, LP:

Cover Letter;
Application;
Certificate of Existence in Good Standing from Nevada Secretary of State; and
Check for \$1061.25.

You may contact us at 404.961.0001. Thank you.

Cordially,


Thomas B. Reynolds

Enclosures as stated

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LACEWOOD, 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:

THOMAS B. REYNOLD, ESQ.

Name of Person

THOMAS B. REYNOLDS, P.C.

Firm/Company

2970 PEACHTREE ROAD STE 265

Address

ATLANTA GA 30305

City/State and Zip Code

bfeezor@tbrpc.com

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

For further information concerning this matter, please call:

Betty Feezor

404

961.0001

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. LACEWOOD, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

LACEWOOD FLORIDA, 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. STATE OF NEVADA, USA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3950400
(FEI 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. 4042 ST. TERESA AVENUE
(Street Address of Principal Office)

6. PO BOX 1427
(Mailing Address)

ST. TERESA, FLORIDA 32358

THOMASVILLE, GEORGIA 31799

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

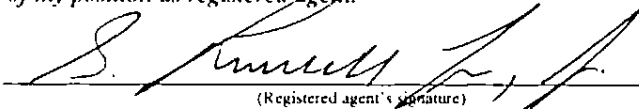
Name: S. RUSSELL TURNER, JR.

Office Address: 4042 ST. TERESA AVENUE

ST. TERESA 32358
(City) Florida (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.


(Registered agent's signature)

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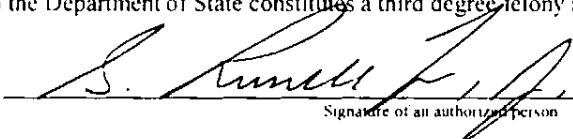
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: S. RUSSELL TURNER, JR. | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: PO BOX 1427 | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | THOMASVILLE, GEORGIA 31799 | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

S. RUSSELL TURNER, JR., MANAGER

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LACEWOOD, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/27/2021, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/20/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202112202243690

You may verify this certificate
online at <http://www.nvsos.gov>