M2200004795

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500382794075

SECALLARY OF STATE FALLAHASSEE, FLORID

MAR 30 AM 9:

2022 HAR 30 PH 3: OL

T. LEMIEUX MAR 3 1 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 03/30/2022
	Acc#120160000072
Name:	Mitchell Hammock Ride Share, LLC
Document #:	
Order #:	14243803
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing: Availability Document	Certified: Plain: COGS: Amount: \$ 130.00
Examiner Updater Verifier W.P. Verifier Ref#	

Thank you!

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company,	"L.L.C.," or "LLC")		-
					_
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name	must include "Lamited Liabi	ality Company," "E. L. C," or "	LLC ")
Georgia					
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number,	(Espplicable)	-
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	egistration.) c penalty liability)			
3328 Peachtree Road,	NE		chtree Road, NE		
eet Address of Principal Office)		6(Mailii	ig Address)		-
Suite 100		Suite 100			
	· · · · · · · · · · · · · · · · · · ·				-
Admin C A 20226					
Atlanta, GA 30326		Atlanta, C			
Name and street addres	ss of Florida registered agent: (P.O. Box C T Corporation System	<u> </u>		2022 H	-
<u> </u>	_ ,	<u> </u>		2022 MAR 30 SECULATION TALL ANASSE	FILE
Name and street address Name:	C T Corporation System	NOT acceptable	33324		FILEU
Name and street address Name:	C T Corporation System 1200 South Pine Island Road	NOT acceptable)		FILED
Name and street address: Name: Office Address: egistered agent's acceptiving been named as resignated in this application of the provision	C T Corporation System 1200 South Pine Island Road Plantation (City)	NOT acceptable ocess for the aboregistered agent and complete per	33324 orida (Zip code) ove stated limited lia and agree to act in a formance of my duta	DF STATE BF STATE ability company at the this capacity. I furth	e place ner agr

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: Michael Hoath
□Member	Address:	□Member	Address: 3328 Peachtree Rd NE
■Authorized	Suite 100	■ Authorized	Suite 100
Person	Atlanta, GA 30326	Person	Atlanta, GA 30326
□Other	Other	Other	Other
□Manager	Name: R Brand Morgan	□Manager	Name:
□Member	Address: 3328 Peachtree Road NE	□Member	Address:
■Authorized	Suite 100	□Authorized	
Person	Atlanta, GA 30326	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.

(P)01114	a-	
	Signature of an authorized person	
Derek Kahn	<u> </u>	
	Transfer street and a Colores	

Control Number: 22070814

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

Mitchell Hammock Ride Share, 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 : 22945039 Date Inc/Auth/Filed: 03/28/2022 Jurisdiction : Georgia Print Date : 03/30/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State