## M32000007-113

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## COVER LETTER

TO:

го:	Registration Section Division of Corporations			
	Exchange Blairstone Apartments, LLC			
SUBJECT: Name of Limited Liability Company				
The en Exister	closed "Application by Foreign Limited Liability Conce, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this matter to	o the following:		
	Natalie Hance			
		Name of Person		
	Atkinson Ferguson, LLC			
	Firm/Company			
	118 Court Street			
		Address		
	Monroe, GA 30655			
	C	ity/State and Zip Code		
	mdemko@hathawaycompanies.com			
	E-mail address: (to be	e used for future annual report notification)		
For fu	rther information concerning this matter, please ca	dt:		
Natalie Hance		770 267-3005 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  \$125.00 Filing Fee \$130.00 Filing Fee  Certificate	ee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Exchange Blairstone Apartments, LLC

	imited Liability Company, must include "Limited		
(If name unavailable, enter alternate na	ine adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limit	ted Elability Company," "L.L.C," or "LLC")
Delaware 2. (Jurisdiction under the law of wh	ich foreign lumited liability company is organized)	3	number, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905; F.S. to determ	registration ) ne penalty liability)	
3300 Northeast Expressway, Building 6 5. (Street Address of Principal Office)		6. (Mailing Address)	away. Building 6
Atlanta, GA 30341		Atlanta, GA 30341	2022 AF
			R 21
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	PH 2: 13
Name:	C T Corporation System		RIDA RIDA
Office Address:	1200 South Pine Island Road		
	Plantation	33324 , Florida(Zip co	ode)

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.

Nichol McCroy, Assistant Secretary
(Registered in Stringmanus)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Thomas Gunter □Manager ☐Manager 3300 Northeast Expressway Address: \_\_\_\_\_ === □Member □Member Building 6 □ Authorized **■**Authorized Atlanta, GA 30341 Person Person Other\_\_\_\_ □Other Other Other\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_\_ Address: \_\_\_\_\_ □Member □Member ☐ Authorized □ Authorized Person Person ☐ Other\_\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_ Name: ☐Manager Name: \_\_\_\_\_\_ □Manager Address: \_\_\_\_\_\_ Address: □Member □Member □ 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. Nonindexed 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. Homes Signature of an authorized person

Typed or printed name of signee

Thomas Gunter



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

DELAWARE, DO HEREBY CERTIFY "EXCHANGE BLAIRSTONE APARTMENTS, 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 NINETEENTH DAY OF APRIL, A.D. 2022.



Authentication: 203211809

Date: 04-19-22