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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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ווכרת	Address:			

## Foreign Limited Liability Company PHX Holdings, LLC

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

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2022 JU.

From: Lexus Wingo

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

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

If name unity artable, enter afternate of	ame adopted for the purpose of transacting business in H	oricha The	alternate name must mehade "Lumited Liabili	ty Company," "L.L.C," or "L.C,")
Georgia		3.	83-2712734	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	5.	(FLI mamber, d	applicable)
4/15/2022				
l. <u> </u>	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	) liability)	_
2859 Paces Ferry Rd S		6	PO BOX 366407	
Street Address of Principal Office)	<del></del> -	0.	(Mailing Address)	
Atlanta, GA, 30339			ATLANTA, GA 30336	7022
		,		- <del> </del>
				<del>- 12 - 1</del>
7. Name and street addres	is of Florida registered agent: (P.O. Box	NOT:	ecceptable)	PH 3: 23
Name:	C T Corporation System			: 23 TATE FL
Office Address:	1200 South Pine Island Road	_		
	Plantation		33324	

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 karty toon, asst. secy	" Kowan			
Registered agent's signature)					

To:

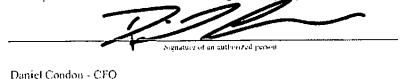
Page: 5 of 6

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: Brandyn Chapman - CEO	<b>≖</b> Manager	Name:
<b>■</b> Member	Address: 2859 Paces Ferry Rd Ste 615	<b>■</b> Member	Address: 2859 Paces Ferry Rd Ste 615
□Authorized	Adanta, GA 30339	☐ Authorized	Atlanta, GA 30339
Person		Person	
□ Other	□Other	_Other	Other
■Manager	Name: Daniel Condon - CFO	∐Manager	Name:
■Meniber	Address: 2859 Paces Ferry Rd Ste 615	□Member	Address:
□Authorized	Atlanta, GA 30339	☐ Authorized	
Person		Person	
□Other	Other	□ Other	Other
□Manager	Name:	□ 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. 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.



Control Number: 18128503

## 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

PHX Holdings, 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 23249461 Date Inc/Auth/Filed: 10/25/2018 Jurisdiction : Georgia Print Date : 06/14/20 : 06/14/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State