

1220000014004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

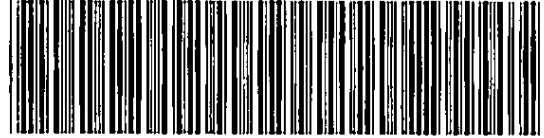
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 30 11:24

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T. LEMIEUX

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DAVIS DEVELOPMENT

403 Corporate Center Dr
Suite 201 | Stockbridge, GA 30281
☎ 770.474.4345
☎ 770 474 5213

August 29, 2022

VIA FEDERAL EXPRESS

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

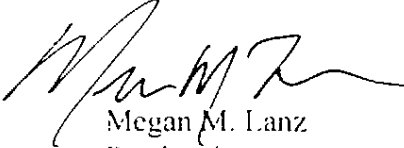
RE: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
("APPLICATION") FOR DD FT. HAMER II, LLC

Dear Sir/Madam:

Enclosed is the original and a copy of the above-referenced Application, the Certificate of Existence, as well as our check in the amount of \$125.00 payable to Florida Department of State representing payment of the filing fee for the Application and the Designation of Registered Agent Fee. Please file the document and a file-stamped copy to me at the address above.

Thank you for your assistance in this matter. If you should have questions, please give me a call.

Sincerely,



Megan M. Lanz
Paralegal

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DD Ft. Hamer II, 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:

Megan M. Lanz

Name of Person

Davis Development, Inc.

Firm/Company

403 Corporate Center Drive, Suite 201

Address

Stockbridge, GA 30281

City/State and Zip Code

megan.lanz@davisdevelopment.com

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

For further information concerning this matter, please call:

Megan M. Lanz

770

474-4345

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. DD Ft. Hamer II, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 403 Corporate Center Drive, Suite 201
(Street Address of Principal Office)

6. 403 Corporate Center Drive, Suite 201
(Mailing Address)

Stockbridge, Georgia 30281

Stockbridge, Georgia 30281

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2022 AUG 30 AM 11:24
TALLAHASSEE, FLORIDA

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.

Sonyia P. Cordell
(Registered agent's signature)

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:**

☐ Manager Name: Miguel B. Davis

☐ Member Address: 403 Corporate Center Drive

☒ Authorized Suite 201

Person Stockbridge, Georgia 30281

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Fred S. Hazel

☐ Member Address: 403 Corporate Center Drive

☒ Authorized Suite 201

Person Stockbridge, Georgia 30281

☐ Other _____ ☐ Other _____

☐ Manager Name: Stephen M. Davis

☐ Member Address: 403 Corporate Center Drive

☒ Authorized Suite 201

Person Stockbridge, Georgia 30281

☐ Other _____ ☐ Other _____

☐ Manager Name: Lance A. Chernow

☐ Member Address: 403 Corporate Center Drive

☒ Authorized Suite 201

Person Stockbridge, Georgia 30281

☐ Other _____ ☐ Other _____

☒ Manager Name: Davis Development, Inc.

☐ Member Address: 403 Corporate Center Drive

☐ Authorized Suite 201

Person Stockbridge, Georgia 30281

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

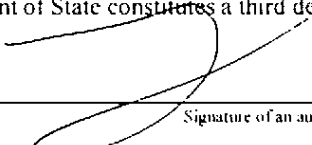
Person _____

☐ 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

Lance A. Chernow

Typed or printed name of signer

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

DD Ft. Hamer II, 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 : 23673500
Date Inc/Auth/Filed: 02/07/2022
Jurisdiction : Georgia
Print Date : 08/29/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger