M22000015551

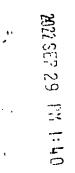
(Re	questor's Name)				
(Ad	dress)				
(8.4)	dress)				
(Au	uiess)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800395010128

09/29/22--01012--004 **130.00



S. ROBERTS SEP 2 9 2022

COVER LETTER

TO:

Registration Section

ECT: _	Name of Limited Liability Company				
ologod "		. , ,			
ciosed ice, and	check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certif referenced foreign limited liability company to transact business in			
return a	ll correspondence concerning this matter	to the following:			
	Terri C. Justice				
		Name of Person			
	Market Development Corporation				
		Firm/Company			
	4200 Northside Parkway, NW, Building Two, Suite 200				
		Address			
	Atlanta, GA 30327				
	(City/State and Zip Code			
	mh@mdega.com				
		e used for future annual report notification)			
ther info	ormation concerning this matter, please ca	ll:			
Terri	C. Justice	404 216-6166 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ng Address: stration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclos	sed is a check for the following amount:				

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. PORT RICHEY (HWY 19) LLC

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

ORT RICHEY (HWY 1	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.	
GEORGIA		N/A 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
UPON REGISTRATIO	NC			
-	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) c penalty liability)		
4200 Northside Parkway, NW		4200 Northside Parkway, NW		
eet Address of Principal Office)		6. (Mailing Address)		
Building Two, Suite 20	0	Building Two, Suite 200		
Atlanta, GA 30327		Atlanta, GA 30327		
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	2027 SE	
Name:	C T CORPORATION SYSTEM	·	. P 29	
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.

Breno Shater asst Secretary

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: Name: Joel S. Langsfeld Terri C. Justice Manager Manager 4200 Northside Parkway 4200 Northside Parkway Member Address: ☐ Member Address: ___ Building Two, Suite 200 Building Two, Suite 200 Authorized Authorized Atlanta, GA 30327 Atlanta, GA 30327 Person Person Other_ Other___ Other___ Other Name: __ Tiffany Railey John B. Davidson ☐Manager Manager 4200 Northside Parkway 4200 Northside Parkway Member Address: ☐ Member Address: Building Two, Suite 200 Building Two, Suite 200 Authorized Authorized Atlanta, GA 30327 Atlanta, GA 30327 Person Person Other Other ___Other_____ Other Name: ____ ☐Manager Manager 4200 Northside Parkway Member Address: Member Address: _____ Building Two, Suite 200 Authorized Authorized Atlanta, GA 30327 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.

John B. Davidson, Jr., Authorized Representative

Control Number: 22202885

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Port Richey (Hwy 19) 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 : 23734379
Date Inc/Auth/Filed: 09/22/2022
Jurisdiction : Georgia
Print Date : 09/26/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State