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| (Business Entity Name) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

Registration Section

Division of Corporations

TO:

| Name | e of Limited Liability Company | | | |
|---|--|---|--|--|
| | Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus | | | |
| e return all correspondence concerning this matter to | o the following: | | | |
| Raeanna Pitzer | | | | |
| | Name of Person | _ | | |
| | Firm/Company | | | |
| 4770 Hilltop Dr. | 2023 CO | _ | | |
| | Address | *************************************** | | |
| Acworth, Ga. 30101 | | 2,422) 2,422 2,423 | | |
| C | ity/State and Zip Code | - ; } ; | | |
| pitzerproperties@gmail.com | <u>ာ</u> သ ယ | | | |
| E-mail address: (to be | used for future annual report notification) | _ | | |
| orther information concerning this matter, please cal | N: | | | |
| Raeanna Pitzer | 770 7152515 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: | | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. POZ Management, LLO | C Limited Liability Company; must include "Limit | -21 ::Julio | C | |
|---|--|--------------------------------|---------------------------------|--|
| Pitzer Opportunity Zone, | | eu maointy | Company, L.I.C., or I | LLC. } |
| (If name unavailable, enter alternate r | name adopted for the purpose of transacting business in | Florida. The | alternate name must include "Li | imited Liability Company," "L L.C," or "LLC.") |
| Georgia 2 | | 3. | 84-2716354 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | ٦. | (1- | El number, if applicable) |
| N/A 4. | | | | 2023 and |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | o registration nine penalty | .) liabihty) | |
| 4770 Hilltop Dr. | | 6. | SAME | 9 1 |
| (Street Address of Principal Office) | | | (Mailing Address) | 16 F (5) |
| Acworth, Ga. 30101 | | | | लिंड स |
| | | • | | ं वित्रं छ |
| | | - | . | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Bo | x <u>NOT</u> a | cceptable) | |
| | | | | |
| Name: | Raeanna Pitzer | | | |
| Office Address: | 522 4Th St. | | | |
| | Port St Joe | | 32456 , Florida | 6 |
| | (City) | | | code) |

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.

(Registered agent a signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: __Stoney Pitzer Racanna Pitzer □Manager □Manager 4770 Hilltop Dr. Address: ____ **■**Member ■ Member Acworth, Ga. 30101 Acworth, Ga. 30101 ☐ Authorized ☐ Authorized Person Person □Other____ Other____ □Other □Manager Name: □Manager □Member □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other____ □ Other ______ Other____ Other_____ □Manager □Manager Name: _____ Name: _____ ☐ Member Address: _____ ☐ Member Address: _____ ☐ Authorized ☐ Authorized Person Person

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.

□Other____

Other___

Other____

Other____

- 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.

Racanna Pitzer

Typed or printed name of signee

Control Number: 19096495

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

POZ Management LLC
a Domestic Limited Liability Company

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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 : 24122139
Date Inc/Auth/Filed: 07/15/2019
Jurisdiction : Georgia
Print Date : 01/03/2023

Form Number : 211



Brad Raffensperger