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COVER LETTER

TO: Registration Section

SUBJECT:	AEP Development Company, LLC Name of Limited Liability Company					
			ion to Transact Business in Florida," Certific ed liability company to transact business in Fl			
Please return	all correspondence concerning this matter is	o the following:				
	Allie Denney					
	Andersen, Tate & Carr, P.C.					
	Firm/Company		7.0			
	1960 Satellite Boulevard, Suite 4000					
	Address					
	Duluth, GA 30097		6.5			
	C	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	adennoy@stclawfirm.com					
	E-mail address: (to be	s used for future annual r	eport notification)			
For further in	nformation concerning this matter, please cal	11:				
All	ie Denney	770	822-0900			
	Name of Contact Person	Area Code	Daytime Telephone Number			
	Bing Address: gistration Section	Street Address: Registration Sec	ction			
_	vision of Corporations	Division of Cor				
P.C	P.O. Box 6327 The Centre of Tallahassee		Tallahassee			
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	losed is a check for the following amount: use make check payable to: FLORIDA DEP	PARTMENT OF STAT	TE.			
	\$125.00 Filing Fee \$130.00 Filing Fe	c & 🔲 \$155.00 Filir	ng Pee & 🔲 \$160.00 Filing Fee, Certifica			

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

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

1. AEP Development Cor (Name of Foreign	npany, LLC Circuited Liability Company; must include "Limited	Linbilir	y Company," "L.L.C.," or "L	(C.*)	
(If name convertable, order alternate a	ame adopted for the purpose of transacting business in Fi	orida. The	alternate name must include "Lin	nited Lubility Company,"	LLC. or LLC
Georgia 2		יד			
(Jurisdiction under the law of w	tick foreign limited Rability company is orginized)	J.	(F)	i nerther, if applicable)	
4					20
	(See sections 605,0904 & 605,0905, F.S. to describe	ec pessity	n) Echility)		
2078 Teron Trace			2078 Teron Trace		E.
5. (Street Address of Printel gal Office)		6.	(ktaling Address))
Suite 350			Suite 350		· ·
Dzcula, GA 30019			Dacula, GA 30019		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)		
Name:	Universal Registered Agents, Inc.				
Office Address:	1317 California Street				
	Tallahassee		32304 , Florida		
	(City)		(Zip c	node)	

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 pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will and accept the obligations of my position as degistered agent.

(Registered agent's 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: David Hopkins ■ Manager Name: □ Manager Address: 2078 Teron Trace ☐ Member ☐ Member Address: Suite 350, Dzcula, GA 30019 □ Authorized □ Authorized Person Person Other_____ ☐Other_____ ☐Other Other Name: Manager □ Manager Address: ______ ☐ Member ☐ Member ☐ Authorized □ Authorized Person Person □ Other_____ Other___ Other ___ ☐ Other Name: ____ ☐ Manager □ Manager Address: Address: □ Mcmber ☐ 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. Signature of an anti-sorved person

David Hopkins
Typed or printed name of signer

Control Number: 21198228

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

AEP Development Company, 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 : 24239480 Date Inc/Auth/Filed: 07/19/2021 Jurisdiction : Georgia Print Date : 01/11/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State