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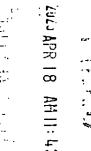
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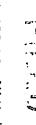




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COVER LETTER

| | 1272 (221) | |
|---------------------------------------|--|--|
| ÚBJF | 13742 COUNTY RD 448 LLC CCT: | |
| | Name | e of Limited Liability Company |
| he end xisten | closed "Application by Foreign Limited Liability (ace, and check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori |
| lease i | return all correspondence concerning this matter to | n the following: |
| | ELDON L. BASHAM | |
| | <u></u> | Name of Person |
| | MOORE INGRAM JOHNSON & STI | BELE, LLP |
| | | Firm/Company |
| | 326 ROSWELL STREET, EMERSON | |
| | | Address |
| | MARIETTA, GA 30060 | |
| | C | City/State and Zip Code |
| | aperez@atlanticsquared.com | |
| | E-mail address: (to be | e used for future annual report notification) |
| or fur | ther information concerning this matter, please cal | 11: |
| | ELDON I., BASHAM | 770 429-1499 |
| | Name of Contact Person | at () 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 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32314 | Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\Begin{array}{l} \Boxed{\text{S125.00}} \end{array} \text{Filing Fee} \Boxed{\text{Certificate of the following amount:}} \end{array} | ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate |

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:

| name unavailable, enter alternate r | name adopted for the purpose of transacting business in Flor | rida. The alte | rnate name must include "Limited Liabili | ty Company," "L. | L.C," or "Ll |
|-------------------------------------|---|--------------------------------|--|------------------|--------------|
| GEORGIĄ | | 3. | | | |
| (Jurisdiction unifer the law of w | hich foreign limited liability company is organized) | _ | (FEI number, if | applicable) | |
| | | | | _ | |
| | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | gistration.) e penalty liah | ility) | | |
| 1325 LANIER PLACE | <u>:</u> | | 25 LANIER PLACE | | |
| cet Address of Principal Office) | | 6 | (Mulling Address) | <u> </u> | |
| CUMMING, GA 3004 | Ц | C | JMMING, GA 30041 | | |
| | | _ | | | |
| | | | | | |
| Name: | REGISTERED AGENT SOLUTIONS, | | eptable) | TALL SHAS | APR 18 |
| | REGISTERED AGENT SOLUTIONS, 155 OFFICE PLAZA DR., SUITE A TALLAHASSEE | | | MAN SAN CO | 8 |
| Name: | REGISTERED AGENT SOLUTIONS, 155 OFFICE PLAZA DR., SUITE A | | | | |

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: ____TIMOTHY J. PERRYMAN Name: **■**Manager □Manager Address: 1325 LANIER PLACE □Member □ Member Address: CUMMING, GA 30041 □ Authorized □ Authorized Person Person Other____ □Other_____ □Other____ □Other Name: []Manager □Manager □Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other_____ Other____ []Other____ DiOther___ Name: Name: **UManager** ☐ Member Address: ∐Member Address: □ Authorized [] Authorized Person Person []Other_____ □Other____ □Other_____ l lOther 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.

Typed or printed name of signee

ELDON L. BASHAM

Control Number: 23048165

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

*13742 County Rd 448 LLC. // a Domestic Elmited 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 : 25118223 Date Inc/Auth/Filed: 03/01/2023 Jurisdiction : Georgia Print Date : 04/17/2023

Form Number : 211



Brad Rafforspager

Brad Raffensperger Secretary of State

MOORE INGRAM JOHNSON & STEELE

A LIMITED LIABILITY PARTNERSHIP WWW.MIJS.COM

MARIETTA, GEORGIA EMERSON OVERLOCK 326 ROSWELL STREET SLITE 100 MARIETTA, GEORGIA 30080 TELEPHONE (770) 429-1498 KNOXVILLE, TEMMESSEE 408 N. CEDAR BLUFF ROAD SUITE 500 KNOXVILLE, TENNESSEE 37923 TELEPHONE (865) 692-6039

JACKSONVILLE, FLORIDA 10201 CENTURION PARKWAY N. SUTE 401 JACKSONVILLE, FLORIDA 32256 TELEPHONE 1904 428-1485 BRENTWOOD, TENNESSEE 5300 MARYLAND WAY SUITE 200 BRENTWOOD, TENNESSEE 37027 TELEPHONE (815) 425-7347

LEXINGTON, KENTUCKY 2408 SIR BARTON WAY 8JITE 375 LEXINGTON, KY 40509 TELEPHONE (859) 308-0026 ORLANDO, FLORIDA 390 N. ORANGE AVENUE SUITE 625 ORLANDO, FLORIDA 32801 TELEPHONE (407) 367-6233 HARRISBURG, PENNSYLVANIA 101 ERFORD ROAD SUITE 900 CAMP HILL, PA 17011 TELEPHONE (717) 790-2854

April 17, 2023

Via UPS Next Day Air

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

Re: 13742 County Rd 448 LLC

Authorization to Transact Business in Florida

Dear Sir/Madam:

Enclosed herewith please find a Cover Letter and an original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced entity. Also, included is a Certificate of Existence dated April 17, 2023 issued by the Georgia Secretary of State's office. Also, please find our firm's check in the amount of \$125.00 to cover the cost of filing the Application and a self-addressed stamped envelope for your convenience to return a copy of the stamped filed Application and Certificate of Authorization.

If you require anything further, or if you have any questions, please do not hesitate to contact me at (770) 795-5085.

Very truly yours,

MOOREJNGRAM JOHNSON & STEELE, LLP

Eldon L. Basham

/gw

Enclosures

ce: Timothy J. Perryman

Ashley Perez