Division of Corporations

M23000073340

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CJP CONSULTINGFL, LLC
Account Number : I20160000015
Phone : (954)391-1214
Fax Number : (855)461-3581

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CJP Consulting-fl @ gmail.com

Foreign Limited Liability Company
C2 GA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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2023 JUN -6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FL

H23000204413

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. C2 GA, 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. 30-0944218
(FEI number, if applicable)

4. TBD
(Date first transacted business in Florida, if prior to registration.)
(See sections 865.0902 & 865.0905, F.S., to determine penalty liability.)

5. 1990 Delk Industrial Blvd Suite 102
(Street Address of Principal Office)

Marrieta, GA 30067

6. 1990 Delk Industrial Blvd Suite 102
(Mailing Address)

Marrieta, GA 30067

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

Name: Carol Pasquarosa

Office Address: 1696 Drumer Circle SE

Palm Bay, Florida 32909
(City) (Zip code)

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SECRETARY OF STATE
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.

Carol Pasquarosa
(Registered agent's signature)

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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:
☐Manager	Name: Chris Sims	☐Manager	Name:
☐Member	Address: 1990 Delk Industrial Blvd	☐Member	Address:
☐Authorized Person	Suite 102 Marietta GA 30067	☐Authorized Person	
☒Other CEO	☐Other	☐Other	☐Other
☐Manager	Name: Mark Hancher	☐Manager	Name:
☐Member	Address: 1990 Delk Industrial Blvd	☐Member	Address:
☐Authorized Person	Suite 102 Marietta GA 30067	☐Authorized Person	
☒Other CFO	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized 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.

Signature of an authorized person

Chris Sims

Typed or printed name of signee

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Control Number : 16059174

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

C2 GA, 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	25173908
Date Inc/Auth/Filed	06/15/2016
Jurisdiction	Georgia
Print Date	05/09/2023
Form Number	211

Brad Raffensperger
Secretary of State

H23000204413