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(Requestor's Name)

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(City/State/Zip/Phone #)

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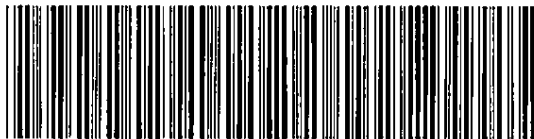
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STONEGATE INVESTMENT GROUP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KIMBERLY P. HARLESS

\_\_\_\_\_  
Name of Person

STONEGATE INVESTMENT GROUP, LLC

\_\_\_\_\_  
Firm/Company

2005 STONEGATE TRAIL, SUITE 101

\_\_\_\_\_  
Address

BIRMINGHAM, AL 35242

\_\_\_\_\_  
City/State and Zip Code

KHARLESS@STONEGATEIG.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY P. HARLESS

205

963-0842

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. STONEGATE INVESTMENT GROUP, 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. DELAWARE 3. 86-3675511  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JULY 9, 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 ALTON ROAD, APT 1011 6. 400 ALTON ROAD, APT 1011  
(Street Address of Principal Office) (Mailing Address)  
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

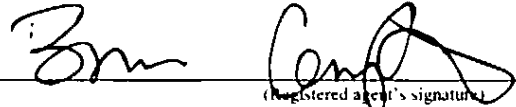
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BRIAN COMPTON  
Office Address: 400 ALTON ROAD, APT 1011  
MIAMI BEACH 33139  
(City) , Florida (Zip code)

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TALLAHASSEE, FL

**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's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: TONY R. SMITH
<input type="checkbox"/> Member	Address: 6242 FOX BRANCH
<input type="checkbox"/> Authorized	TRUSSVILLE, AL 35173
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: S. DOUGLAS SMITH
<input type="checkbox"/> Member	Address: 6991 SHADY OAKS LANE
<input type="checkbox"/> Authorized	TRUSSVILLE, AL 35173
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: CHRISTOPHER COMPTON
<input type="checkbox"/> Member	Address: 4962 REYNOLDS LANE
<input type="checkbox"/> Authorized	BIRMINGHAM, AL 35242
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: JAMES ALLEN
<input type="checkbox"/> Member	Address: 385 RIVERHILL DRIVE
<input type="checkbox"/> Authorized	ATLANTA, GA 30328
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

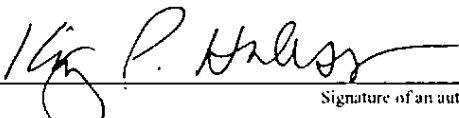
<input checked="" type="checkbox"/> Manager	Name: MATTHEW BROWN
<input type="checkbox"/> Member	Address: 750 BENTLEY DRIVE
<input type="checkbox"/> Authorized	BIRMINGHAM, AL 35213
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: KIMBERLY P. HARLESS
<input type="checkbox"/> Member	Address: 417 PARK LAKE TERRACE
<input checked="" type="checkbox"/> Authorized	HELENA, AL 35080
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> 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

KIMBERLY P. HARLESS, CHIEF OPERATING OFFICER

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "STONEGATE INVESTMENT GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTIETH DAY OF APRIL, A.D. 2021, AT 1:15 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ISLAND WAY INVESTMENT GROUP, LLC" TO "STONEGATE INVESTMENT GROUP, LLC", FILED THE SEVENTH DAY OF JULY, A.D. 2021, AT 8:23 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "STONEGATE INVESTMENT GROUP, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5885985 8310

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204280535