M2300016011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. SOLOMON DEC 2 7 2023

COVER LETTER

Registration Section

TO:

		Company for Authorization to Transact Business in Florida. referenced foreign limited liability company to transact business.				
return a	ll correspondence concerning this matter to	the following:				
	Robert Chalavoutis					
	Name of Person					
	CAPSOURCE VENTURE INVESTMENTS III, LLC					
	Firm/Company					
	3091 Governors Lake Drive, Suite 500					
	Address					
	Peachtree Corners, GA 30071		7	2023 DEC 27 AM 9:		
	City/State and Zip Code					
	echavda@1fam.com		37	5		
	E-mail address: (to be	used for future annual report notification)	. 201	ţ-		
ther info	ormation concerning this matter, please cal	l:				
Robert Chalavoutis		404 523-3280 at ()	_			
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 4114	massec, FL 32314	Tallahassee, FL 32303				
Chalo	osed is a check for the following amount:					

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

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

(Name of Foreign	RE INVESTMENTS III. LLC Limited Liability Company; most include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	oruša The	alternate name must include "Limited Liability Com	
Delaware	inch foreign limited liability company is organized)	3.	93-4295154	
	, , , , , , , , , , , , , , , , , , ,			
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registratio ine penalty	n) Hability)	
3091 Governors Lake		6.	3091 Governors Lake Drive	2023
5. (Street Address of Principal Office)			(Mading Address)	
Suite 500			Suite 500	DEC 2
Peachtree Corners, GA 30071			Peachtree Corners, GA 30071	7 AH
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>TON</u>	acceptable)	35 9: 54
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation		33324 , Florida	
	(City)		(Zip 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.

Mechal McClay

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: Robert Chalavoutis	□Manager	Name:			
⊡Member	Address: 3091 Governors Lake Drive	□Member	Address:			
□Authorized	Suite 500	□Authorized				
Person	Peachtree Corners, GA 30071	Person				
□Other	Other	□Other		□Other		
■Manager	Name: Mary Matoney	□Manager	Name:			
□Member	Address:	□Member	Address:			
□Authorized	Suite 500	□Authorized		2023		
Person	Peachtree Corners, GA 30071	Person		<u> </u>		
□Other	Other	□Other		□Other 27		
				8 8 E		
□Manager	Name:	□Manager	Name:	<u> </u>		
□Member	Address:	□Member	Address:			
□Authorized		□Authorized				
Person		Person				
□Other	Other	□Other		□Other		
indexed individuals 9. Attached is a cert	Use an attachment to report more than six (6). It may be added to the index when filing your be tificate of existence, no more than 90 days old the law of which it is organized. (If the certificate has submitted)	Florida Department of St , duly authenticated by (tate Annual Rep the official havi	oort form. ng custody of records in the		

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.

Robert Chalavoutis

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPSOURCE VENTURE INVESTMENTS III,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2023.

at som delaware gow/aut

Authentication: 204604481

Date: 11-15-23



December 7, 2023

ROBERT CHALAVOUTIS 3091 GOVERNORS LAKE DRIVE, SUITE 500 PEACHTREE CORNERS, GA 30071 US

SUBJECT: CAPSOURCE VENTURE INVESTMENTS III, LLC

Ref. Number: W23000163917

We have received your document for CAPSOURCE VENTURE INVESTMENTS III, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway Regulatory Specialist II

RECEIVED
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Letter Number: 623A00027930