# m240001867

(Re	equestor's Name)			
(A	ddress)			
	,			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MARL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
WAM - 97065				





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06/24/124--01026--017 \*\*105.00

09/05/24--01010--003 \*\*638.75

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SECULIAND NOTSTATE SECULIAND YEAR STATE OBJECT



June 28, 2024

VICKI BOTT 12390 B ARNOLD MILL ROAD ALPHARETTA, GA 30004 US

SUBJECT: MOMENTUM MANAGEMENT LLC OF GEORGIA

Ref. Number: W24000097065

We have received your document for MOMENTUM MANAGEMENT LLC OF GEORGIA and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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

Letter Number: 624A00014189

Ariel Jones Regulatory Specialist II

### **COVER LETTER**

TO:

ECT:	Momentum Management LLC		
, , , ,	Name o	f Limited Liability Company	
		mpany for Authorization to Transact Business in Florida," Ce erenced foreign limited liability company to transact business	
return	all correspondence concerning this matter to the	ne following:	
	Vicki Bott		
	Name of Person		
	Momentum Management LLC		
		Firm/Company	
	12390 B Arnold Mill Road		
	<del> </del>	Address	
	Alpharetta, GA 30004		
	City	/State and Zip Code	
	vbott@momentummgt.com		
	E-mail address: (to be us	sed for future annual report notification)	
ther is	nformation concerning this matter, please call:		
Vic	rki Bott	770 777-4100	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Momentum Manageme	nt ELC Limited Liability Company; must include "Limited	Liability Company ""L.I.C." or "LIC	···
Momentum Management		, , , , , , , , , , , , , , , , , , , ,	.,
(It name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limite	ed Liability Company," "L.L.C," or "L1.C,")
Georgia 2.		58-197-4671 3	number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI)	umber, if applicable)
10/3/2023			
· ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	rgistration ) ne penalty liability)	
12390 B Arnold Mill F 5. (Street Address of Principal Office)	Road	6. (Mailing Address)	oad
Alpharetta, GA 30004	<del></del>	Alpharetta, GA 30004	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SECRETA
Name:	Walt McCreary		S PATE S
Office Address:	15574 Hamlin Blossom Ave		SIATE 5: 19
	Winter Garden, Fl.	34787 , Florida	
	(City)	(Zip cod	ic)

#### 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert R Bott	□Manager	Name: Vicki Bott
□Member	Address: 12390 B Arnold Mill Road	□Member	Address: 12390 B Arnold Mill Road
□Authorized	Alpharetta, GA 30004	<b>■</b> Authorized	Alpharetta, GA 30004
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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

Vicki Bott

Typed or printed name of signee

Control Number: K200473

## 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

# Momentum Management, 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 : 27350775 Date Inc/Auth/Filed: 01/23/1992 Jurisdiction : Georgia Print Date : 06/05/2024

Form Number : 211



Brad Rafforeger

Brad Raffensperger Secretary of State