

PLANNING AND ZONING DEPARTMENT 2875
BROWNS BRIDGE ROAD, GAINESVILLE, GA. 30504 MAILING
ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503 t: 770-531-6809 f: 770-531-3902



ZONING APPLICATION

Applicant (Name & Mailing Address)

Jack Albert CRE, LLC
11175 Cicero Drive, Suite 100
Alpharetta, GA 30022

Phone

Email Address jalbert@magnoliacre.com

Proposed Use Light Industrial

Property Owner (Name & Mailing Address)

United Logistics, Inc.
5509 Radford Road, Suite E
Flowery Branch, GA 30542

Phone

Email Address brett.mixon@unitedlogistics.net

Contact Person (Name & Mailing Address)

Jack Albert CRE, LLC
11175 Cicero Drive, Suite 100
Alpharetta, GA 30022

Phone

Email Address jalbert@magnoliacre.com

Tax Parcel Number 15028 000014C

Location Address 5205 Winder Highway, Braselton, GA 30517

Status of Applicant

☐ Owner

☒ Option to Purchase

☐ Area Resident

☐ Other

Requested Action

Existing Zoning: PID

Rezone to: I-1

Fee: \$750

Receipt #: _____

Check #: _____

Acreage 19.65

I hereby certify that the above information and all attached information are true and correct.

Print: Jack Albert

Date: 6/3/26

Sign: [Signature]

Date: 6/3/26

Applicant must complete all information above. Failure to complete this section will result in the refusal of the application. The Planning Department has 15 days to review all applications and will set the dates for each application. If the application is found insufficient, an agenda date will not be set until the required information is submitted. Please note that the Planning Commission and County Commission dates are tentative.

Application Withdrawal: I hereby withdraw the application.

Sign: _____

Date: _____

Staff Use Only

Application Date: _____

Taken by: _____

Tentative Planning Commission Date: _____

Tentative County Commission Date: _____

County Commission District: _____

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AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) United Logistics, Inc.

Address 5509 Radford Road, Suite E

Flowery Branch, GA 30542

Phone Number [REDACTED]

Name of applicant(s) Jack Albert CRE, LLC

Address 11175 Cicero Drive, Suite 100

Alpharetta, GA 30022

Phone Number [REDACTED]

I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)

[Signature] CO-owner / CFO

Personally appeared before me

Brett Allen Mixer

who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

W. Jay McKendrick
Notary Public



5/22/26
Date

Operating Agreement
**Jack Albert CRE LLC,
a Georgia Limited Liability Company**

THIS OPERATING AGREEMENT of Jack Albert CRE LLC (the “Company”) is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

A. The Members have formed the Company as a Georgia limited liability company under the Georgia Limited Liability Company Act. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the state of Georgia. The Members hereby adopt and approve the Articles of Organization of the Company filed with the Georgia Secretary of State.

B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

ARTICLE 1: DEFINITIONS

Capitalized terms used in this Agreement have the meanings specified in this Article 1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the Georgia Limited Liability Company Act.

“Agreement” means this Operating Agreement of the Company, as may be amended from time to time.

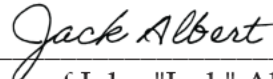
“Capital Account” means, with respect to any Member, an account consisting of such Member’s Capital Contribution, (1) increased by such Member’s allocated share of income and gain, (2) decreased by such Member’s share of losses and deductions, (3) decreased by any distributions made by the Company to such Member, and (4) otherwise adjusted as required in accordance with applicable tax laws.

“Capital Contribution” means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

“Exhibit” means a document attached to this Agreement labeled as “Exhibit A,” “Exhibit B,” and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Operating Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated: 12-7-2023



Signature of John "Jack" Alexander Albert



GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **UNITED LOGISTICS, INC.** Control Number: **17133324**

Business Type: **Domestic Profit Corporation** Business Status: **Active/Compliance**

NAICS Code: **Any legal purpose** NAICS Sub Code:

Principal Office Address: **5509 Radford Rd., Suite E, Flowery Branch, GA, 30542, USA** Date of Formation / Registration Date: **12/20/2017**

State of Formation: **Georgia** Last Annual Registration Year: **2028**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Tyler Mixon**

Physical Address: **5509 Radford Rd, Suite E, Flowery Branch, GA, 30507, USA**

County: **Hall**

OFFICER INFORMATION

Name	Title	Business Address
Brett A. Mixon	CFO	5509 Radford Road, Suite E, Flowery Branch, GA, 30542, USA
Cody W. Mixon	Secretary	5509 Radford Road, Suite E, Flowery Branch, GA, 30542, USA
Tyler B. Mixon	CEO	5509 Radford Road, Suite E, Flowery Branch, GA, 30542, USA

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Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530,
Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>

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CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

This form must be completed by the applicant and property owner, or person representing the property owner, for all zoning actions.

OCGA § 36-67A-3[C] Disclosure of campaign contributions:

(b) When any applicant for zoning action has made, within two years immediately preceding the filing of the applicant's application for the zoning action, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application, it shall be the duty of the applicant to file a disclosure report with the governing authority of the respective local government showing:

(3) The name and official position of the local government official to whom the campaign contribution was made; and

(4) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.

(b) The disclosures required by subsection (a) of this Code section shall be filed within ten days after the application for the zoning action is first filed. (Code 1981, Section OCGA § 36-67A-3[C], enacted by GA L. 1986, page 1269, Section 1, GA L. 1991, page 1365, Section 1).

I hereby certify that I have read the above and that:

I have** _____

I have not ☒ _____

within the two years immediately preceding this date, made any contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.

**If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.

Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: 

Date: 6/3/26

Applicant's/Owner's Name(Printed): Jack Albert

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: [Signature]

Date: 5/22/2026

Applicant's/Owner's Name(Printed): Brett Mixon

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Tyler Nixon

Date: 6/3/2026

Applicant's/Owner's Name(Printed): Tyler Nixon