

M04000003353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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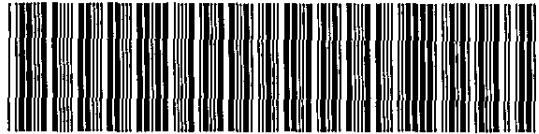
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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HALL COUNTY CLERK'S OFFICE
TALLAHASSEE, FLORIDA

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HALL COUNTY CLERK'S OFFICE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 851330 4305738

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 195.00

FILED
04 AUG 17 PM 9:19
TALLAHASSEE, FLORIDA

ORDER DATE : August 17, 2004

ORDER TIME : 2:28 PM

ORDER NO. : 851330-080

CUSTOMER NO: 4305738

CUSTOMER: Ms. Karla S. Williams
Hirschler Fleischer
Bldg. 701, Federal Reserve
Bank Building 701 East Byrd
Richmond, VA 23219

FOREIGN FILINGS

NAME: AG BEAUMONT 26, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY **QUAN OF 2**

XX CERTIFICATE OF GOOD STANDING **QUAN OF 2**
LIST

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

AUG-17-2004 TUE 12:20 PM CSC

FAX NO. 2175444657

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AUG. 17. 2004 12:17PM

NO. 4032 P. 18

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. AG Beaumont 26, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 08/16/04
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Immediately upon filing this Application for Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o Hirschler Fleischer, 701 E. Byrd Street, 15th Fl., Richmond, VA 23219
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
- Covington Family Trust
- c/o Hirschler Fleischer, 701 E. Byrd St., 15th Fl., Richmond, VA 23219
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: _____

real estate investment

Karla S. Williams
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Karla S. Williams, Authorized Representative
Typed or printed name of signee

AUG-17-2004 TUE 12:21 PM CSC

FAX NO. 2175444657

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AUG. 17. 2004 12:18PM

NO. 4032 P. 19

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AG Beaumont 26, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301

(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Catherine J. Apio, Asst. Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

AUG-17-2004 TUE 12:22 PM CSC

FAX NO. 2175444657

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AUG. 17. 2004 12:19 PM

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NO. 4032 P. 20
NO. 0291 P. 17

Delaware

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The First State

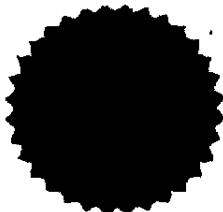
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG BEAUMONT 26, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG BEAUMONT 26, LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

3842740 8300

040596854



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3296655

DATE: 08-16-04