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LAW OFFICES

#### SALTER, FEIBER, MURPHY, HUTSON & MENET, P.A.

POST OFFICE BOX 357399 GAINESVILLE, FLORIDA 32635-7399

JAMES G. FEIBER, JR.\* DENISE LOWRY HUTSON DAVID E. MENET MELISSA JAY MURPHY

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TELEPHONE (352) 376-8201

FAX (352) 376-7996 **ŘEAL ESTATE FAX (352) 376-0648** 

JAMES D. SALTER KRISTINE J. VAN VORST

\*CERTIFIED CIVIL MEDIATOR

February 21, 2007

Florida Department of State Registration Section-Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Glenn N. Taylor Family, LLC, a Washington limited liability company Our File #: 06-2152.3 GH

Dear Sir/Madam:

In reference to the above, you will please find enclosed an original Certificate of Existence.

Also enclosed please find office check #3/121 in the amount of \$125.00 made payable to the Florida Department of State for the following:

Filing fee

\$100.00

Registered Agent Designation

<u>25.00</u> \$125,00

Please return the acknowledgement letter to our office in the enclosed self-addressed stamped envelope at your earliest convenience.

Thank you and if you require any further information or have any questions, please do not hesitate to call.

Sincerely yours,

SALTER, FEIBER, MURPHY, QN & MENET, P.A.

wry Hutson

DLH/gh Enclosures

F/Denise/Lenders/Millennium/Glenn N, Taylor /SECSTATE.LTR

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Glenn N. Taylor Family, LLC, a Washington (Name of Limited Liability Company) limited liabit	ity			
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:				
Denise hown Hutson. (Name of Person)				
Salter, Feiber, Murphy, Hotson + Menet, PA (Firm/Company)	, sec			
3940 NW 16th Alvd, Bldg B. 22 G. (Address)	FILED S			
Chaines ville FL 32605 5 (City/State and Zip Code)	TATE			
For further information concerning this matter, please call:				
Denise howy Hutson at (362) 376-8201 (Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount:  \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & \$\sum_{155.00}\$ \text{Filing Fee & \$\sum_{160.00}\$ \text{Filing Fee, Certificate of Status} \text{Certified Copy} \text{of Status & Certified}				

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

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

1.	Glenn N. Taylor Family LLC Name of Foreign Limited Liability Company)	
	(Name of Foreign Limited Liability Company)	
2	Washington State. (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-8432844  (FEI number, if applicable)	
	Aug. 1, 2002  (Date of Organization)  5. Ouration Year limited liability company will cease to exist or "perpetual")	
6.	(Date firs Pransacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	4202 NW 155th Terr	
	Newberry A 32669  (Street Address of Principal Office)	FOREIGN F
8.	If limited liability company is a manager-managed company, check here	ESSEPTION OF THE PERSON OF THE
9.	The name and usual business addresses of the managing members or managers are as follows:	STATENS
	Glenn N. Taylor, Jr.	55
	4202 NW 155 Terr.	
	Newberry Fe 32669	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and aslation of the certificate under oath of the translator must be submitted.)	ords in
11.	. Nature of business or purposes to be conducted or promoted in Florida:	
	real estate holding co.	
	_/U/W &///	
	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.)	
	Glenn N. Taylor, Jr.	
	Typed or printed name of signee	

### 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:	
Glenn N. Tayor Eamily, LLC.	_
2. The name and the Florida street address of the registered agent and office are:	,
Glenn N. Taylor, Jr.	mylsion mylsion
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FILED ST
Newbery FL 32469.	ATIONS
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 regist	ered

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, Florida Statutes.

(Signature) Otenn N. Taylor, Jr.

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

# The State of Washington

## Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

GLENN N. TAYLOR FAMILY, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 8/1/2002.

I FURTHER CERTIFY that as of the date of this certificate, GLENN N. TAYLOR FAMILY, L.L.C. remains active and has complied with the filing requirements of this office.

Date: February 13, 2007

UBI: 602-224-679

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State