## 10700003042

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	LS
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Office Use Only



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#### **COVER LETTER**

SUBJECT:	Fourth Quarter Pro	perties 111, LLC
seboner: _	·	imited Liability Company)
Florida," Cert	"Application by Foreign Limited ificate of Existence, and check are any to transact business in Florida	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited a
Please return a	all correspondence concerning thi	s matter to the following:
•	Mai	rgaret S. Frook
	(	Name of Person)
	Boone, Boor	ne, Boone, Koda & Frook
		(Firm/Company)
	1001 /	Avenido del Circo
		(Address)
	Ve	nice, FL 34285
	(City	//State and Zip Code)
For further in	formation concerning this matter,	please call:
	Peggy Frook	at (_941) 488-6716
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAII	ANG ADDRESS:	STREET ADDRESS:
	on of Corporations	Division of Corporations
$\mathbf{p} \cap \mathbf{r}$	Box 6327	Clifton Building
	iassee, FL 32314	2661 Executive Center Circle

## 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:

Fourth Quarter Properties 111, LLC  (Name of Foreign Limited Liability Company)	
Georgia  (Jurisdiction under the law of which foreign limited liability  3. 17-0685608  (FEI number, if application application under the law of which foreign limited liability)	hla)
company is organized)	ible)
8/22/2005 5. Perpetual	
(Date of Organization) (Duration: Year limited liability com exist or "perpetual")	pany will cease to
May 15, 2007	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
45 Ansley Drive	
Newnan, GA 30263	
(Street Address of Principal Office)	
If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as	follows:
Stanley E. Thomas	
45 Ansley Drive	
Newnan, GA 30263	
). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official legiurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under oath of the translator must be submitted.)	
Nature of business or purposes to be conducted or promoted in Florida:	
Real estate or other lawful purpose	
h EX	201 TAS
Signature of a member or an authorized representative of a memb	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes	AH/ AH/
an affirmation under the penalties of perjury that the facts stated herein are true.)	2007 MAY 2 I SECRETARY FALLAHASSEI
Stanley E. Thomas	<u> </u>
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

FLORIDA.	
1. The name of	the Limited Liability Company is:
	Fourth Quarter Properties 111, LLC
2. The name ar	nd the Florida street address of the registered agent and office are:
	Margaret S. Frook c/o Boone,Boone,Boone,Koda & Frook (Name)
	1001 Avenido del Circo
	Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)  Venice, FL 34285
	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, Florida Statutes.

Margaret & Fronk.
(Signature)

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

Control No. 0557268

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### FOURTH QUARTER PROPERTIES 111, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 08/22/2005 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and

the State of Georgia on 15th day of May, 2007

Faun CHandel

Karen C Handel Secretary of State IAY 21 PM 3:59

Certification Number: 1404110-1 Reference: 1

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp