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To:

Division of Corporations

Fax Number

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From:

Account Name : LEO J. SALVATORI Account Number : 120030000112 Phone : (239)263-1480 Fax Number : (239)649-0158 DIAISON OF CLUSSIAID

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Destin Development, LLC

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COVER LETTER			
	Registration Section Division of Corporations		
SUBJE	CT: Destin Development, LLC		
	(Name of Lin	nited Liability Company)	
Florida,		iability Company for Authorization to Transact Busubmitted to register the above referenced foreign	
Please 1	return all correspondence concerning this	matter to the following:	
	Leo J. Salvatori, Esq.		
	4)	lame of Person)	
	Salvatori & Wood		2006 FEB -2
	(F	irm/Company)	3 5
	4001 Tamiami Trail N		2006 FER - 2 AMII: I
		(Address)	= 3
	Naples FL 34103		
	(City/S	State and Zip Code)	
For fur	ther information concerning this matter, p	lease call:	
	Nancy Jarvi	at ( 239 ) 263-1482	
	(Name of Person)	(Area Code & Daytime Telephone Number)	ŀ
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amount:  \$\sum_{\$125.00}\$ \text{Filing Fee} \sum_{\$130.00}\$ \text{Filing Fee} \text{Certificate}		

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

IN COMPLIANCE WITH SECTION FORDS, FLORIDA SUSTICIES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1 Destin Development, LLC (Name of Poteign Limited Liability Company) 2. Missouri (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4 11/22/05 5, 2099 (Duration: Year limited liability company will coase to exist or "perpetual") (Date of Organization) (Date first transacted business in Florids, if prior to registration.) (See sections 508 501 & 508 502 F.S to determine penalty liability) 251 Chestnut Hill Drive O'Failon MO 63366 (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: Vincent L. Johnson, 251 Chestnut Hill Drive, O'Fallon MO 63366 Dwayne A. Johnson, 251 Chestnut Hill Drive, O'Fallon MO 63366 Attached in an original certificate of existence, no more than 90 days old, duty authenticated by the official heroing quality of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, a translation of the conflicate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Feel estate development Signature of a member of an authorized representative of a member. On accordance with section 602 405(3), F.S., the execution of this document constitutes so affirmation under the penalties of perjury that the facts stated barein are true.) Vincent L. Johnson

Typed or printed name of signee

# STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

### DESTIN DEVELOPMENT, LLC LC0699024

was created under the laws of this State on the 22nd day of November, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 27th day of January, 2006

Secretary of State

Certification Number: 8344785-1 Reference: Ozsan Verify this certificate online at http://www.sos.mo.gov/busineasentity/verification

# 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.

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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)

5 100.00 Filing Fee for Application
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
6 5.00 Certificate of Status (optional)