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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Church Design Concepts, LLC (Name of Limited Hiability Company)			
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:			
Keith Carey (Name of Person)			
Thurnan Carey Group (Firm/Company)			
(Firm/Company)			
P.O. Box 257; 131 North Main Street (Address)			
Eagleville, IN 37060 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Omy Von Olmen at (615) 274-2875 est. 34 (Name of Person) (Area Code & Daytime Telephone Number)			
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			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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: (Jurisdiction under the law of which foreign limited liability Movember 2005 PERPETAL
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability) (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 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: CONSTRUCTION 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.) KEITH CARRY 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	f the Limited Liability Company is	s:	
Church Design	Concepts, LLC		
2. The name ar	nd the Florida street address of the	registered agent and office are:	
NRAI Services, Inc.			
	1)	Name)	
	2731 Executive Park Drive, Suite 4		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Weston	FL 33331	
	C	ity/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.

NRAI Services, Inc.

By: (Signature), Asst. Sec.

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

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 02/23/2007 REQUEST NUMBER: 07054559A TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/31/2007 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0540184 JURISDICTION: TENNESSEE

KEITH CAREY PO BOX 257 131 N MAIN ST EAGLEVILLE, TN 37060 REQUESTED BY: KEITH CAREY PO BOX 257 131 N MAIN ST EAGLEVILLE, TN 37060

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT -----"CHURCH DESIGN CONCEPTS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

THURMAN CAREY GROUP

EAGLEVILLE, TN 37060-0000

131 N. MAIN ST. P.O. BOX 257

ON DATE: 02/23/07

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004109041 ACCOUNT NUMBER: 00516915



FROM:

RILEY C. DARNELL SECRETARY OF STATE