m000000/58/

Requestor's Name		
660 E. Jefferson St.		· · · · · · · · · · · · · · · · · · ·
Address	-	
Tallahassee, FL 3230	01 850-222-2785	
City/St/Zip	Phone #	
•		145419
CORPORATION NAM	/IE(S) & DOCUMENT NUI	MBER(S), (if known):
		S NAME OF
1- VAN DYKE,	LLC	
		SEORETAR IVISION OF C
2-		——————————————————————————————————————
		ED STATE ORPORATIONS PM 1: 22
3-		ORA
		TATE TATE
4-	·	
X Walk-in	Pick-up time ASAP	Certified Copy
······································		
Mail-out	Will wait Photoc	copy XXX Certificate of Status
		Copy XXX Certificate of Status 200 P P P P P P P P P P P P P P P P P P
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Non-Profit	Resignation of R.A., Off	icer/Director
Limited Liability	Change of Registered A	igent 5 -
Domestication	Dissolution/Withdrawal	=======================================
Other	Merger	- ω
OTHER EILINGS	DECISTRATION/OUALIE	ICATION .
OTHER FILINGS	REGISTRATION/QUALIF XXX Foreign	
Annual Report Fictitious Name	Limited Partnership	3000033505832° -08/09/0001034019
	i i ilimilea PannersniD	detected for the detect for for
		****160.00 ****160.00
Name Reservation	Reinstatement	
Name Reservation		

Examiner's Initials

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: Van Dyke LLC (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) perpetual
(Duration: Year limited liability company will cease to 7/28/00 (Date of Organization) exist or "perpetual") N/A - will begin on 8/10/00 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 3345 Oleander Way (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The usual business addresses of the managing members or managers are as follows: 3345 Oleander Way. Gnlf Streem PL 33483 Thomas F. Scannell. III 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: Operation of mobile home park 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.) Thomas F. Scannell, TII

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 Limite	d Liability Compan	y is:					
Van Dyke	E LLC	·	· · ·		*.		
2. The name and the Flori	da street address of	the registere	d agent and o	office are:			-
The	omas F. Scann	ell, III (Name)		· · · · · · · · · · · · · · · · · · ·		i en innonen sam sam	
33	45 Oleander W Florida street addres	ay s (P.O. Box <u>N</u>	OT ACCEPTABL	E) .		······································	: <u>v</u> .s 5
Gu	lf Stream	FL City/State/Z	33483 ip		· <u>-</u>	17 3 3 70	•• • • • • • • • • • • • • • • • • • • •

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..

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VAN DYKE 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 FOURTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VAN DYKE LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2000.

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

Edward J. Freel, Secretary of State

0602345

AUTHENTICATION:

08-04-00

001395869

DATE:

3266404 8300