Myster Redge Le City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy ☐ Pick up time ☐ Will wait Photocopy Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/OUALIFICATION

Foreign

Limited Partnership Reinstatement Trademark Other

Examiner's Initials

☐ Annual Report

 ☐ Fictitious Name



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 7, 2001

MYSTIC RIDGE, LLC 5504 CARROLLWOOD MEADOWS DR TAMPA, FL 33625

SUBJECT: MYSTIC RIDGE, LLC Ref. Number: W01000002901

We have received your document for MYSTIC RIDGE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 201A00007419

01 FEB 26 PH 2: 13

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to elification
business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) arrollwood Meadows 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: ichael Johnson - 5504 Carrollwood Meadows D Jane Johnson - 5504 Carrollwood Meadows Dr 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: <u>(,) e b s i + e</u> 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.)

Diare Johnson

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:

Mystic Ri	dge, U	<u></u>		· · ·
2. The name and the Florida str	eet address o	of the registered agent and	d office are:	
_mich	ael J	(Name)		. -
5504 Co Flor	ida street addre	ess (P.O. Box NOT ACCEPTA	DS Dr BLE)	.
Tampa	, FC	FL 33625 City/State/Zip	-	
Having been named as registered liability company at the place decregistered agent and agree to accept the obligations of my positive to the proper and accept the obligations of the proper and the prop	signated in th t in this capa d complete p	his certificate, I hereby ac city. I further agree to co performance of my duties,	cept the appoir mply with the p and I am famil	ntment as provisions of all iar with and
(Signature)			· · · · · · · · · · · · · · · · ·	01 FEB
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application of Register Certified Copy (option Certificate of Status (o	ered Agent nal)	ASSEF, FLIGHB
=	#160.	<u></u> .	- 	DF 3

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYSTIC RIDGE, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2001.

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

Warriet Smith Windson Harriet Smith Windson, Secretary of State

3321379 8300

AUTHENTICATION: 0974791

010076316 DATE: 02-15-01