enspoon Marder Hirschfeld Rafkin Ross & Berger

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Reply to: Fort Lauderdale

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****130.00 ****130.00

W62-777

January 2, 2002

Florida Department of State Division of Corporations Registration Section Post Office Box 6327 Tallahassee, Florida 32314

Re:

Application of Blair-Duron Restoration, LLC

FEI Number 56-2093678

Dear Sirs:

Enclosed please find the completed application of Blair-Duron Restoration, LLC for authorization to transact business in Florida, along with a check in the sum of \$130.00 for the application fee, designation of registered agent, and certificate of status. Please return the certificate of status to the undersigned's attention at the above address.

Thank you for your cooperation in this regard.

Very truly yours,

GREENSPOON, MARDER, HIRSCHFELD, RAFKIN.

ROSS & BERGER P.A.

Haas A. Hatic For the Firm

HAH:bms Enclosure

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- 1. Also admitted in Colorado
- 2. Also admitted in New York
- 3. Also admitted in Wisconsin 4. Also admitted in Georgia
- 5. Also admitted in Texas
- Also admitted in Minnesota



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 10, 2002

GREENSPOON MARDER HIRSCHFIELD RAFKIN ROSS & BERGER TRADE CENTRE SOUTH, STE 700 100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309

SUBJECT: BLAIR-DURON RESTORATION, LLC

Ref. Number: W02000000777

We have received your document for BLAIR-DURON RESTORATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please list the complete principal's office address. This address must be a street address; a post office box is not acceptable.

Please return your document, along with 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) 245-6097.

Michael Mays Document Specialist

Letter Number: 602A00001356

APPLICATION BY FOREIGN LIMITED LIABILATY 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:

| | | OURON REST | | | | <u>,</u> |
|-------------|---|---|---|--|--|--|
| | (Name | of foreign lim | ited liabilit | y company) | | |
| • | NORTH CAROLINA | 3. | | 56-20936 | 578 | |
| (Jurisdicti | NORTH CAROLINA on under the law of which foreign limite company is organized) | d liability | | 56-20936 (FEI number, if a) | pplicable) | ······· |
| | JUNE 1, 1998 | 5 | | JANUAY 1. | . 2075 | |
| | JUNE 1, 1998 (Date of Organization) | | (Duratio | JANUAY 1. n: Year limited liabilit exist or "perpeti | y company will ce | ase to |
| | | | | exist or "perpeti | ial") | |
| | UPON | QUALIFICA | ATTON - | | | |
| | (Date first transacted business in I | lorida. (See sec | ctions 608. | 501, 608.502, and 8 1 | 7,155, F.S.) | · |
| | | | _ | | | |
| | 6336 OLEANDER DRIVE, | UNIT #1 | | | · · · · · · · · · · · · · · · · · · · | |
| | WILMINGTON, NC 28403 | | | - | _ | |
| | WILHINGTON, NC 28403 | reet address of | principal o | ffice) | · | |
| | (5) | reer address of | bruserbus o | micc) | | |
| If limit | ed liability company Is a manager | -managed co | mpany, c | heck here 🔀 | | |
| | , | | <u>F</u> J , - | | | |
| The nar | me and usual business addresses o | f the managi | ing memb | ers or managers a | re as follows: | |
| | | | | orn or managorn a | F | _ |
| IAN R | BLAIR - 6336 OLEANDER DRIVE, | UNIT#1, WI | LMINGTO | ON, NC 28403 | F SE | 02 |
| | <u> </u> | | | | - 1 2 | |
| JACK | MCDOUGALL 1401 A DIGGS DR | IVE, RALEIG | H, NC 27 | 7603 | = = = | |
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| | | | | | 22 | بې |
| | | | | | | 22 |
| the juris | d is an original certificate of existence no rediction under the law of which it is organization of the certificate under oath of the trans | red. (A photoco | py is not ac | authenticated by the occeptable. If the certific | fficial having custo cate is in a foreign l | dy of record |
| 1. Natur | re of business or purposes to be co | nducted or p | romoted | in Florida: CONCI | RETE RESTORAT | TION |
| AND TO | OPPINGS | \frown | | ***** | | |
| | |) | | | | |
| | Signature of Francis | | | | | |
| | Signature of a member | or or an autho | orized rej | presentative of a m | iember. | |
| | In accordance with section an affirmation under the per | | | | | |
| | <u>-</u> | | | s stated herein are true.) | I | |
| | IAN R. BLAIR | DECEMBER | | | - | |
| | Typed | or printed n | ame of si | gnee | | |

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: |
|--|
| BLAIR-DURON RESTORATION, LLC |
| 2. The name and the Florida street address of the registered agent and office are: |
| HAAS A. HATIC - GREENSPOON MARDER HIRSCHFIELD RAFKIN, ET AL (Name) |
| 100 WEST CYPRESS CREEK ROAD, SUITE 700 TRADE CTR SOUTH Florida street address (P.O. Box NQT ACCEPTABLE) |
| FT. LAUDERDALE, FL 33309 |
| (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, L hereby accept the appointment as consistent 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 Iam 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

\$ 30.00

\$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BLAIR-DURON RESTORATION, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of September, 1998, with its period of duration ending JAN 2075.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of December, 2001.

Claire I. Marshall Secretary of State



Certification Number: 5812203-2 Page: 1 of 1

Ref.# 4712514-HW