Division of Corporations



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

: (850)205-0383 Fax Number

From:

: PAUL SMITH Account Name Account Number : 120010000247 : (305)673-0347 Phone

: (305)532-0738 Fax Number

FOREIGN LIMITED LIABILITY COMPANY
SUNSET HOUSING GROUP LLC

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\$125.00

3/29/2002

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MAR-29-2002 18:29 PM

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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: SUNSET HOUSING GROUP, LLC (Name of foreign limited liability company) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) UPON QUALIFICATION (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) P.O. BOX 6146 **ROME, GA 30162** (Sirest address of principal office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Manager: BEN JACKSON 534 PERY FARM RD. CAVE SPRING, GA 30124 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ANY LAWFUL PURPOSE Signature of a member or an authorized representative of a member. (In accordance with section 648.408()), F.S., the execution of this document constitutes an affirmation under the ponalities of perjury that the facts stated begoin are true.)

Typed or printed name of signee

BEN JACKSON

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.

	Limited Liability Company is:	0k
2. The name and t	he Florida street address of the registered agent and office are:	NAR 29
•	A1A CORPORATE SERVICES INC.	
<u></u>	(Namé)	
	218 SOUTHERN COUNTRY LANE	****
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	QUINCY FL 33140	_
	(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, 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) Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0104489 DATE INC/AUTH/FILED: 01/25/2001 : GEORGIA JURISDICTION : 03/29/2002 PRINT DATE

: 211

FORM NUMBER

A1A CORPORATE SERVICES INC. PAUL SMITH 6538 COLLINS AVE. #451 - MIAMI BEACH, FL 33141

CERTIFICATE OF EXISTENCE

Trate of Georgia, do hereby certify I, Cathy Cox, the Secretary int date under the seal of my office

egistration provisions is in compliance with the of Title 14 of the Official Control

fated above or was authorized to make and has het filed articles of the similar document with the Said entity was formed in transact business in george dissolution, certificate of Office of the Set

constructed of the above-named entity control whether or not a notice of harmal, a patement of commencement it was been filed or is pending with to the It does as of the print date above. It of intent to dissolve on appropriation of winding up or any other shall are the Secretary of State

issued and certified in accordance with the Georgia Field to the Color and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State