

ACCOUNT NO. : 072100000032

REFERENCE

518696 7157239

COST LIMIT : \$ 125.00

ORDER DATE: April 9, 2002

ORDER TIME :

2:29 PM

ORDER NO. : 518696-005

CUSTOMER NO: 7157239

CUSTOMER:

Ms. Susan Tiller

Wood Partners Llc

Suite 150

1110 Northchase Pkwy Marietta, GA 30067

FOREIGN FILINGS

NAME:

ALTA CROSSINGS, L.L.C.

500005255535--1

Name Availability		FICATION (TYPE: <u>LL</u> )
Document Examiner	DCC	JRN THE FOLLOWING AS PROOF OF FILING
Updater	XXr∂₽L	RTIFIED COPY AIN STAMPED COPY
Updater Verifyer	DC <b>C</b>	RTIFICATE OF GOOD STANDING
Schnowledg	COMFACTICEE	RSON: Sara Lea EXT# 1114

. P. Verifyer DCC

EXAMINER:

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

IN CO	MPLIANCE WITH SECTION 608.503, FLOI ED LIABILITY COMPANY TO TRANSACT BU	RIDA STATUTES	S, THE FOLLO	WING IS SURM	TTED TO RE	CICTED A	מכצמ	ז מיאניול
LAIVIII	ED LIABILITY COMPANY TO TRANSACT BU	SINESS IN THE	STATE OF FLO	RIDA:		SE S		EIGIV
1. Al	a Crossings, L.L.C.						1 20	-
	(Nan	ne of foreign lin	nited liability co	mpany)	<u> </u>		APR	
2.Geo	rai a					ASS.		<u> </u>
(Juri	sdiction under the law of which foreign limi	ted liability	Applied for	r.		<u></u>		LED
	company is organized)		(	FEI number, if	applicable)		Š	D
4. Ap	ril 8, 2002	_				10.1. 71.S	<del></del>	
	(Date of Organization)	5.	(Duration: V	ear limited liabil	·		0	
			(Saration: 1)	exist or "perpe	ity company w tual")	illjeease t	0	
6. <u>Up</u>	on qualification							
-	on qualification  (Date first transacted business in	Florida. (See se	ections 608 501	608 502 and 91	7166 003			
7 11			,	, 000.502, and 61	. /.133, F.S.)			
/. <u>==</u>	.0 Northchase Parkway, Suite 150			<u> </u>		4		
Mai	ietta, GA 30067	-					_ `	
		treet address of	principal office		<u> </u>	٠.	_	· ·
		'	-	•				
8. If li	mited liability company is a manager	-managed co	mpany, checl	k here 🗷				
9. 1 ne	name and usual business addresses	of the managi	ng members	or managers a	re as follow	s.		
	od Alta Crossings, L.L.C.					<b>.</b>		
	MICA_CLOSSINGS, L.L.C.	<u> </u>	wifer in it		<u></u>	_	٠	• • • • • •
11)	0 Northchase Parkway, Suite 150						_	
	Tarindy, butte 130		<u> </u>		<u> </u>			<u> </u>
Mar	ietta, GA 30067							
				<u>u</u>	· · - · · · · · · · · · · · · · · · · ·		_	H
				,				
							<u>.</u> .	
10. Attac	hed is an original certificate of existence, no n	nore than 90 day	sold dulyanthe	enticated by the of	Foiol bosins	1 . 0		
J	The state of the s	HI LA DOOROCOM	Wite not cocceeded	ble If the certific	ate is in a famic	istody of n	ecords	m
trans	lation of the certificate under oath of the transl	atormust be sub	mitted.)	ole. Hak cerme	are is itt a fotelê	an ranguag	e, a	
		•						
II. Nat	ure of business or purposes to be cor	iducted or pro	omoted in Flo	orida: Any an	d all busin	ess not		
Spec.	fically prohibited to LLC's incl	uding, but r	ot limited	to, real <sub>+</sub> est	ate develop	ment.		
		نے علم					_	-
				=				. 147
	Signature of a member (In accordance with section 6	r or an author	ized represen	itative of a me	mber.			
	an affirmation under the pena	lties of perjury th	at the facts stated	us document const l herein are true.)	itutes			
				,				

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVING THE UNDERSIGNED LIMIT STATEMENT TO DESIGNATE OF FLORIDA.	LED LIABILIT	LY COMPANY 9	CI IDMITE THE PARTA	TT TO TO TO A TO	
1. The name of the Limited I	Liability Comp	any is:		II PM ARY OF ASSEE, F	FILED
Alta Crossings, L.L.C.				101 118 118	
2. The name and the Florida	street address	of the registered	agent and office are:	OO RDA	
	ų,				
	Comora	tion Service Co			
	corpora	(Name)	ompany ,	<b>-</b>	
		(Turne)			
		01 Hays Street	1 -		_
1	lorida street addr	ress (P.O. Box NOT	ACCEPTABLE)	-	>
			, ·		
Tal:	lahassee	FL	32301		
	(Ci	ity/State/Zip)		<del>-</del>	
Having been named as register liability company at the place of registered agent and agree to a statutes relating to the proper accept the obligations of my performance of the property of the colligations of the property of the obligations of the property of the obligations of the property of the colligations of the property of the colligations of the property of the colligations of the property of the collins of the property of t	nesignated in the capacity of	us certificate, I h city. I further ag erformance of m ered agent as pro urtney	ereby accept the appoint ree to comply with the pr v duties, and I am familie	ment as covisions of all	

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

Certificate of Status (optional)

\$ 30.00

\$ 5.00

## OB71.

## Secretary of State

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

DOCKET NUMBER : 021010425
CONTROL NUMBER : 0218010
DATE INC/AUTH/FILED: 04/09/2002 JURISDICTION : GEORGIA
PRINT DATE : 04/11/2002

FORM NUMBER : 211

WOOD PARTNERS SUSAN HALL TILLER 1110 NORTHCHASE PARKWAY, SUITE 150 MARIETTA, GA 30067

### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, of hereby certify under the seal of my office that

### ALTA CROSSINGS, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to 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.



Cathy Cox Secretary of State



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AUTHORIZATION

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Availability		(11PE: <u>111</u> )
Document Examiner	PLEASE RET	URN THE FOLLOWING AS PROOF OF FILING:
		RTIFIED COPY
Updater	XX r	AIN STAMPED COPY
Updater Verifyer		RTIFICATE OF GOOD STANDING
	DCC	
Acknowledg	COMFACTICEE	RSON: Sara Lea EXT# 1114

. P. Verifyer DCC

10000

**EXAMINER:** 

~05000000d31

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

IN LI	N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	V					
	Alta Crossings, L.L.C.  (Name of foreign limited liability company)						
	(Name of foreign limited liability company)	•					
2.	Georgia 3 Applied for SS = T	=:					
	Georgia  (Jurisdiction under the law of which foreign limited liability company is organized)  3. Applied for (FEI number, if applicable)						
	π, -						
4.	April 8, 2002						
	(Date of Organization)  5. Perpetual (Duration: Year limited liability company wilf sease to						
	exist or "perpetual")						
6.	Upon qualification						
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)						
7	·						
1.	1110 Northchase Parkway, Suite 150	.;					
	Mariotta da acces						
	Marietta, GA 30067  (Street address of principal office)	_ <u>.</u>					
	(Street address of principal office)						
8.	If limited liability company is a manager-managed company, check here						
	Managed company, check here [x]						
9.	The name and usual business addresses of the managing members or managers are as follows:						
	managers are as follows:						
	Wood Alta Crossings, L.L.C.						
		, -					
	1110 Northchase Parkway, Suite 150						
		·					
	Marietta, GA 30067						
		. • .*					
		=					
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: Any and all business not						
-	specifically prohibited to LLC's including, but not limited to, real estate development.						
	- Susan Hall Diller						
	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.)						
	Susan Hall Tiller						
	Typed or printed name of signee						

# 11.EU

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

	J THE PROVISIONS OF IGNED LIMITED LIABII TO DESIGNATE A RECU	JIYUOMPANY	Y CHIRMITE THE EATE	ATTENDED TO A
STATE OF FLO	TO DESIGNATE W KEQ	STERED OFFIC	E AND REGISTERED	AGENT INTHE
1. The name of	the Limited Liability Cor	npany is:		II PM Yary of Vssee, f
Alta Crossings	, L.L.C.			STA:
2. The name an	d the Florida street addres	s of the registere	d agent and office are:	DA O
	'-			
	Corpo:	ration Service	Company	
	·	(Name)	<u> </u>	·
	Florida street e	1201 Hays Stree	<u>t                                      </u>	<u> </u>
	r tortua street at	ddress (P.O. Box <u>N</u> C	II ACCEPTABLE)	
	Tallahassee	FI.	32301	
		(City/State/Zip)		<del>-</del>
Having been nam	ned as registered agent and	ł to accent service	e of process for the above	o stated limited
muonity company	ui ine piace aesignatea in	' THIS CONTITIONTO I	harabu account the amount	
resistered agent o	unu agree to act in this car	acity I turther o	aree to comply with the	mm.m., 10. 17
ngitting i	o the proper and complete tions of my position as reg	Dertormance of a	my duties and I am fami	lines with I
	- / /		rovidea for in Chapter o	008, F.S.
	Asst. V	ourtney /. Pres.		
/ /	(Signature)	<del></del>	·1	***
•	\$ 100.00	Filing Fee for	· Application	
	\$ 25.00	9	of Registered Agent	
	\$ 30.00	•	y (optional)	
	\$ 5.00	Certificate of	Status (optional)	

### Secretary of State

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315 West Tower
#2 Martin Luther King, Jr. Dr.
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Cathy Cox Secretary of State