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101 E. Fairway Drive, Suite 406 Covington, LA 70433

October 14, 2002

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Ozone Properties, L.L.C. would like to be registered in the State of Florida to do business. Enclosed, please find completed application form, certificate of existence from the State of Louisiana and appropriate fees.

Your assistance is appreciated.

Sincerely yours,

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Michael N. Pittman, M.D. Managing Member Ozone Properties, L.L.C.



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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:

<u>s</u>, <u>L.L.C</u>. ne of foreign limited liability company) rone 25 Pr 3. (Jurisdiction under the law of which foreign limited liability company is organized) A (Duration: Yea limited liability company will cease to exist or "perpetual") m 30 10 - 14 - 0 2 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F ~ 101 East Fairway వ్ rive 7. Covination 10433 reet address of principal office) 8. If limited liability company is a manager-managed company, check here $\boxed{\checkmark}$ Q 9. The name and usual business addresses of the managing members or managers are as follows: Michael Norton tman - 74421 W Covination 70435 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: <u>keal Est</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 penaltics of perjury that the facts stated herein are true.)

ttman M.D 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 RESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

roperfies, L.L.C. one

2. The name and the Florida street address of the registered agent and office are:



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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)

