

M030000001025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

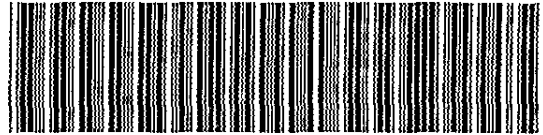
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/31/03--01052--013 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BUFORD APARTMENTS, LLC**

P.O. Box 491074  
Miami, Fl. 33149  
(305) 365-7819  
(305) 365-7820 Fax

March 20, 2003

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

**LETTER OF TRANSMITTAL**

Dear Division of Corporations,

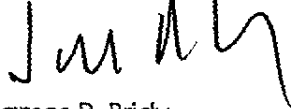
Enclosed please find:

1. Application by Foreign LLC to Transact Business in Florida;
2. Certificate of Designation of Registered Agent;
3. Certificate of Existence of Foreign LLC; and
4. Check in the amount of \$125.

Please file same and provide us with a letter of acknowledgment.

Please do not hesitate to call should you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "James P. Bridy". The signature is stylized with a large initial "J" and a long, sweeping underline.

James P. Bridy

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. BUFORD APARTMENTS, LLC  
(Name of foreign limited liability company)
2. GEORGIA 3. 58-2373696  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 03/03/1998 5. 2030  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. MARCH 6, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. P.O. BOX 491074  
MIAMI, FL. 33149  
(Street address of principal office)

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:

JAMES P. BRIDY  
P.O. BOX 491074  
MIAMI, FL. 33149

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TALLAHASSEE FLORIDA

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 LAWFUL  
BUSINESS WHATSOEVER

JAMES P. BRIDY  
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.)

JAMES P. BRIDY  
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:

BUFORD APARTMENTS, LLC

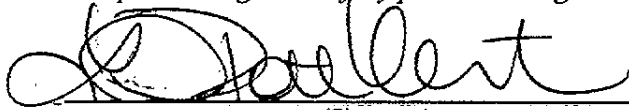
2. The name and the Florida street address of the registered agent and office are:

LINDA ROTH-CORTING, ESQ.  
(Name)

2121 PONCE DE LEON BLVD., #505  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

CORAL GABLES FL 33134  
(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 : K808959  
DATE INC/AUTH/FILED: 03/03/1998  
JURISDICTION : GEORGIA  
PRINT DATE : 03/18/2003  
FORM NUMBER : 211

JAMES BRIDY  
605 HAMPTON LANE  
KEY BISCAYNE, FL 33149

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**BUFORD APARTMENTS, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records 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.

20030318204727738



Cathy Cox  
Secretary of State