M03000001254					
(Requestor's Name) (Address)	600015635706				
(Address) (City/State/Zip/Phone #)	000013033700				
(Business Entity Name) (Document Number)	INECEIVEL 03 APR 22 PH 2: 30 DIVISION OF CONTRANTICK				
Certified Copies Certificates of Status Special Instructions to Filing Officer:					
	MO3-12554				
Office Use Only	FILED OBAPR 22 PH 3: 00 ALLAHI STEE FLORIDA				



**CT** CORPORATION

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April 22, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5835109 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

PPE Construction, LLC (MD) Registration Florida

PPE Construction, LLC (MD) Cert Copy of Application for Authority-Foreign Florida

PPE Construction, LLC (MD) Certificate of Status-Foreign Florida

03 APR 22 PH 3: 00 FILED

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## **CT** CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com

> FILED 03 APR 22 PM 3: 00 IALLAHASSEE, FINDLE,

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

410 230 3801 P.02

BAXTER, BAKER, SIDLE, CONN J

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

IN COMPLIANCE WITH SECTION 608.50B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	PPE CONSTRUCTION, LLC				
	(Name o	-	ted liability company)		
÷	MARYLAND	2	Applied For (TEI number, if app		
<u>4.</u> {.	MARYLAND Jurisdiction under the law of which foreign limited company is organized)	liability	( El number, if app	licable)	<u></u>
4.	4/22/03	5.	PERPETUAL (Duration: Year limited liability exist or "perpenda		
	(Date of Organization)	-	(Duration: Year limited liability) exist or "perpenual	company will cease to i")	
6.	Date first transficted business in Flo	Tula (Saa kai	10000 502 503 508 507 and 817 1	<u> -</u>	
7.	601 EAST PRATT STREET,	BALTIMOR	E, MARYLAND 21202		
			<u> </u>	· ·	_
	(Stree	l address of	principal office)		
8.	If limited liability company is a manager-n	nanaged co	mpany, check here 🙀		
9.	The name and usual business addresses of	the managi	ng members or managers are	as follows:	
j	MG R- 601 EAST PRATT STREET, B	ALTIMORE	MARYLAND 21202		<b></b>
	Charles F. Jacobs			LIA IA	03 APR
				MSS	R N T
				m <u>e</u>	
				<u> </u>	- <del>హ</del> ి
10.	Attached is an original certificate of existence, no m the jurisdiction under the law of which it is organi- translation of the certificate under oath of t	zed. (A phot	ocopy is not acceptable. If the cert	fficial having curred of c ifficate is in a foreign l	f reprds in
11.	Nature of business or purposes to be cond	lucted or pr	comoted in Florida:		
	COMMERCIAL LEASING				
	(In accordance with section 60 an affirmation under the penal	8.408(3), F.S., ties of perjury	orized representative of a mel the execution of this document constr that the facts stated herein are true.)	mber. nucs	
			OBS, ESQ.		
	Typed o	r printed na	ime of signee		

APR-22-2003 13:11

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## 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:

PPE CONSTRUCTION, LLC

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



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.

CT Corporation System ONNIE BRYAN By: Conne Bru SPECIAL ASSISTANT SECRETARY					
	(Signature)				
		<b>\$</b> 100.00	Filing Fee for Application		

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Env (170) 3

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