# M0300001325

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000016059970

U4/29/03--01002--014 \*\*130.00

#### **CT** CORPORATION SYSTEM

April 28, 2003

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

Re: Order #: 5840223 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Linkside at Wild Heron, LLC (DE) Qualification Florida

Linkside at Wild Heron, LLC (DE) Certificate of Status-Foreign Florida

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 SYSTEM

Sincerely,

Brigham West Fulfillment Specialist

Brigham\_Weir@cch-lis.com

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

#### 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: I. LINKSIDE AT WILD HERON, LLC (Name of foreign limited liability company) 2 DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4. APRIL 17, 2003 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. UPON FILING (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1436 WILD HERON WAY PANAMA CITY BEACH, FL 32413 (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: MEDALLIST DEVELOPMENT, INC. (MANAGING MEMBER) 1070 EAST INDIANTOWN ROAD, SUITE 208 JUPITER, FLORIDA 33477 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: REAL ESTATE DEVELOPMENT

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.)

STEVEN B. GREENHUT, Authorized Representative

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.

STATE OF FLO	ORIDA.	
1. The name of	the Limited Liability Company is:	
LINKSIDE A	T WILD HERON, LLC	
2. The name ar	nd the Florida street address of the registered agent and office are:	
	CT CORPORATION	
	(Name)	
	1200 SOUTH PINE ISLAND ROAD	
Florida street address (P.O. Box NOT ACCEPTABLE)		
	PLANTATION <sub>ET</sub> 33324	

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.

(City/State/Zip)

PETER F. SOUZA
ASSISTANT SECRETARY

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINKSIDE AT WILD HERON, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson

AUTHENTICATION: 2374916

DATE: 04-21-03

3648759 8300

030253516