

M04000002875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

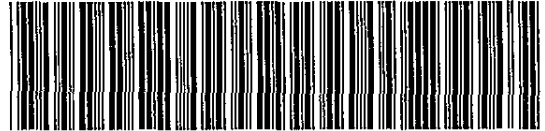
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039108152

FILED

04 JUL 20 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 JUL 20 PM 4:22

STATE
COMMISSIONERS
TALLAHASSEE, FLORIDA

BR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 812641 4305738
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 195.00

FILED
04 JUL 20 AM 8:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : July 20, 2004

ORDER TIME : 3:02 PM

ORDER NO. : 812641-005

CUSTOMER NO: 4305738

CUSTOMER: Karla S. Williams
Hirschler Fleischer
Bldg. 701, Federal Reserve
Bank Building 701 East Byrd
Richmond, VA 23219

FOREIGN FILINGS

NAME: AG BEAUMONT 13, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY -- 2 NEEDED

XX CERTIFICATE OF GOOD STANDING -- 2 NEEDED

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

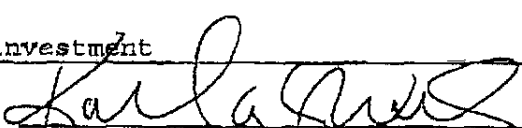
JUL 20, 2004 1:05PM

NO. 3547 P. 6

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. AG Beaumont 15, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. 07/08/04
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Immediately upon filing this Application for Authority
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. c/o Hirschler Fleischer, 701 E. Byrd Street, 15th Fl., Richmond, VA 23219
(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:
- S. Sidney Mandel, Trustee of the Trust under the Last Will and Testament
of Ethel S. Newman
c/o Hirschler Fleischer, 701 E. Byrd St., 15th Fl., Richmond, VA 23219
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 investment


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.)

Karla S. Williams, Authorized Representative
Typed or printed name of signee

FILED
JUL 20 2004
TALLAHASSEE, FLORIDA
8:11

JUL 20 2004 1:05PM

NO. 3547 P. 7

**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:

AG Beaumont 15, LLC

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

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box NOT ACCEPTABLE)

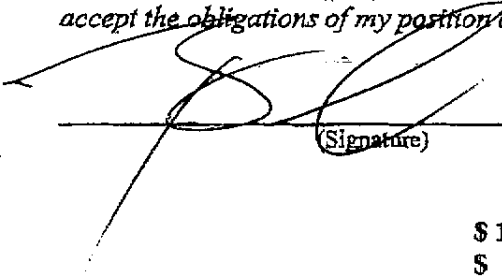
Tallahassee

FL

32301

(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.


Brian Courtney
Asst. V. Pres.

(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

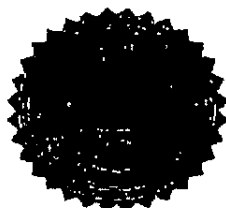
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG BEAUMONT 15, 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 EIGHTH DAY OF JULY, A.D. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG BEAUMONT 15, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2004.



3826459 8300

040503387

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3222345

DATE: 07-08-04