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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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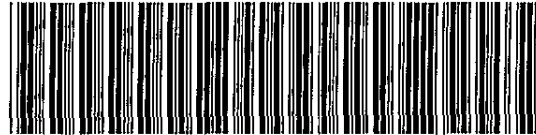
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TALLAHASSEE, FLORIDA

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FROM THE DESK OF:

MICHAEL D. GREER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 27 AM 10:03

August 25, 2004

Florida Department of State
Registration Section – Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: *The Sanctuary of North Bay, LLC*
Application to Transact Business in Florida

To Whom It May Concern:

I have enclosed with this letter the following documents:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Existence from State of Mississippi (*this document is a duly authenticated original certificate and may be verified online at <http://www.sos.state.ms.us/busserv/corp/verify>*);
3. Our firm's check in the amount of \$160.00 made payable to the Florida Department of State to cover filing fees and the cost of a Certified copy of the Order as well as a Certificate of Status in this matter.

Your assistance and prompt attention will be certainly appreciated.

Very cordially yours,

Michael D. Greer

MICHAEL D. GREER

MDG/spj

Enclosures

cc: David A. Theriaque, Esq.

**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. THE SANCTUARY OF NORTH BAY, LLC
(Name of foreign limited liability company)
2. Mississippi 3. 64-0866188
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 4, 2004 5. _____
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Planning to transact business in near future.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 117 North Broadway Street, Tupelo, MS 38804
(Street address of principal office)

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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:
Michael D. Greer, 117 North Broadway Street, P. O. Box 907, Tupelo, MS 38802-0907

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: purchase and develop investment property in the State of Florida, or other locations determined by the Members.

Michael D. Greer
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.)
Michael D. Greer
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:

Harbor Place, LLC

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

David A. Theriaque, Esq.

(Name)

1114 East Park Avenue

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

Tallahassee, FL 32301-2651

(City/State/Zip)

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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.

David A. Theriaque

(Signature)

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

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

THE SANCTUARY OF NORTH BAY, LLC

Formed August 4, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

117 N BROADWAY
PO BOX 907
TUPELO MS 38802

and that the registered agent at that address is:

GREER, MICHAEL D

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
August 25, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State

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TALLAHASSEE
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