

M040000 04817

(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:

BR

Office Use Only



700040110977

RECEIVED
04 NOV -5 PM 3:56
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 NOV -5 AM 8:02
STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 953673 81523A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
04 NOV -5 AM 8:02
TALLAHASSEE, FLORIDA

ORDER DATE : November 2, 2004

ORDER TIME : 11:13 AM

ORDER NO. : 953673-030

CUSTOMER NO: 81523A

CUSTOMER: Mr. Jonathan L. Innes
Decubellis, Meeks & Uncapher,
837 North Garland Avenue

Orlando, FL 32801

FOREIGN FILINGS

NAME: RMP AT EAST PASCO MEDICAL
BUILDING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

FILED
04 NOV -5 AM 8:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. RMP AT EAST PASCO MEDICAL BUILDING, LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. 20-1839345
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 3, 2004 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 975 Johnson Ferry Road
Atlanta, GA 30342
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

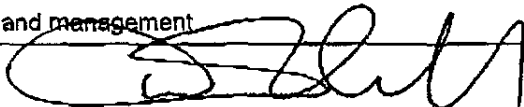
9. The name and usual business addresses of the managing members or managers are as follows:

Lea Richmond III, 975 Johnson Ferry Road, Atlanta GA 30342

L & S Capital Holdings, LLC, 975 Johnson Ferry Road, Atlanta, GA 30342

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: commercial real estate
development and management



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.)

Daniel L DeCubellis

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:

RMP AT EAST PASCO MEDICAL BUILDING, LLC

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

DeCubellis, Meeks & Uncapher, P.A.

(Name)

837 North Garland Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando FL 32801

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, Florida Statutes.

(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

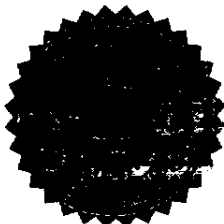
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RMP AT EAST PASCO MEDICAL BUILDING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RMP AT EAST PASCO MEDICAL BUILDING, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2004.

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

3875890 8300

040790843



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3450563

DATE: 11-03-04