# M04000005152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
į
}
<u></u>





600042708016

11/19/04--01032--019 \*\*125.00

M04-5152

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ITC IV, LLC		
(Name of Lin	nited Liability Company)	
	iability Company for Authorization to Transact Busines submitted to register the above referenced foreign limited	
Please return all correspondence concerning this r	matter to the following:	
Jack Reilly		
(Na	ame of Person)	
ITC IV, LLC		
(Fi	irm/Company)	
P.O. Box 771		
	(Address)	
Ponte Vedra Beach, FL 32004	Fat :	2
(City/S	state and Zip Code)	
	tate and Zip Code)	
For further information concerning this matter, ple	ease call:  at ( 904 ) 425-4900	
	$\mathbf{E}_{c}^{\mathbf{r}}$	ς,
Jack Reilly		,
(Name of Person)	(Area Code & Daytime Telephone Number)	)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
23 \$125.00 Filing Fee		

### 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:

	(Name of Foreign Limited	Lia	ibility Company)
Delaware		2	52-2070742
(Jurisdiction und company is orga	er the law of which foreign limited liability nized)	٦.	(FEI number, if applicable)
Jan 02, 1998		5.	Perpetual
(0	ate of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business in F	lori	ida if prior to registration )
	(See sections 608.501 & 608.502 F.	S. to	o determine penalty liability)
4218 Highway	Avenue		
Jacksonville, F	L 32254		
		s of	Principal Office)
7011		<b>.</b> .	announce about tops [7]
II iimited liac	ility company is a manager-manage	a c	ompany, check here [v]
The name and	l usual business addresses of the ma	nag	ging members or managers are as follows:
Gary C. Phillip	os Box 771, Ponte Vedra Beach, FL	320	)04 <u>II</u> i. 3
Jack Reilly Box 771, Ponte Vedra Beach,FL	320	)04	
			<u> </u>
	- '	руi	ys old, duly authenticated by the official having custody of recision a foreign language, a tted.)
nslation of the cer	siness or numbers to be conducted (		Aramoted in Florida: Management Consulting
nstation of the cer	siness or purposes to be conducted of		promoted in Florida: Management Consulting
nstation of the cer	siness or purposes to be conducted of		promoted in Florida: Management Consulting
nslation of the cer	Jack Reilly		promoted in Florida: Management Consulting
anslation of the cer	Jack Reilly Signature of a member or an a	uth	orized representative of a member, the execution of this document constitutes
nstation of the cer	Signature of a member or an a (In accordance with section 608.408(3),	uth	orized representative of a member.

## 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	e of the Limited Liability Company is:
ITC IV, LLC	
2. The name	e and the Florida street address of the registered agent and office are:
	Jack Reilly
	(Name)
	4218 Highway Avenue
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Jacksonville, FL 32254 FL
	City/State/Zip
liability com agent and ag relating to th	named as registered agent and to accept service of process for the above stated limited vany at the place designated in this certificate, I hereby accept the appointment as registered ree to act in this capacity. I further agree to comply with the provisions of all statutes e proper and complete performance of my duties, and I am familiar with and accept the fmy 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

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITC IV, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ITC IV, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 1998.



Farriet Smith Windson

AUTHENTICATION: 3483208

DATE: 11-17-04

2840877 8300

040829332