M05000001235

(Requ	estor's Name)				
(Adda					
(Address)					
(Addre	ess)				
`	•				
(City/S	state/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busin	ess Entity Nar	ne)			
(Docu	ment Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Fil	ing Officer:				
		ŀ			
		j			

Office Use Only



600046141156

03/07/05--01069--004 **125.00

05123-7 FII 1: 18

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
•				
SUBJECT: PARC 109, LLC				
	ited Liability Company)			
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited			
Please return all correspondence concerning this m	natter to the following:			
Camm	ie Warburton			
(Nar	me of Person)			
Nevada Corp	porate Center, Inc.			
(Fir	m/Company)			
2248 Meridia	n Roulevard, Suite H			
2248 Meridian Boulevard, Suite H (Address)				
·				
Minde	en, NV 89423			
(City/Sta	ate and Zip Code)			
For further information concerning this matter, plea	-			
	ි			
Cammie Warburton	at (775) 284-7162			
(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:				
\$125.00 Filing Fee \$\square\$\$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy			

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:

PARC 109, LLC					
	(Name of Foreig	gn Limited Liability	Company)		
Wyoming		3.			
(Jurisdiction under the company is organized	e law of which foreign limite)	ed liability	(FEI number, if appl	licable)	
February 17, 2005		5			
February 17, 2005 (Date of	of Organization)	(Di exi	ration: Year limited liability cost or "perpetual")	ompany will ceas	se to
	(Date first transacted bu (See sections 608.501 & 6		prior to registration.) rmine penalty liability)		
60 East Simpson A	venue, Jackson, WY 8300	01			
				e	9
	(Stre	eet Address of Princ	ipal Office)		57
If limited liability		managad assum	umre abaale bana 🗍	2.	=
if finited flability	company is a manager	-managed compa	my, check here [_]	2,	1
The name and usi	ual business addresses o	of the managing i	nembers or managers are	as follows:	SIGN -J PH
Elci Ryan, 60 East	Simpson Avenue, Jackso	on, WY 83001		r (,),	
Arnel Ryan, 60 Ea	ist Simpson Avenue, Jack	son, WY 83001		(1) A (1)	8
jurisdiction under the l		A photocopy is not a	duly authenticated by the official coeptable. If the certificate is in a		
. Nature of busine	ess or purposes to be cor	nducted or prome	oted in Florida: To hold ar	nd	
manage investment	property.				
	Gli lua	·,			
	(In accordance with section 6	08.408(3), F.S., the ex	d representative of a mem decution of this document constitu- tion facts stated herein are true.)		
	Elci Ryan				
	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:	
PARC 109, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Karen Maller	
(Name)	-
1 Progress Plaza, No. 1210	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	OS M
St. Petersberg FL 33701	三
City/State/Zip	7 111
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointn agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida S	nent as registered all statutes nd accept the
Karen E Wally (Signature)	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

State of Wyoming

心。而一致八致八致、致,如八位八位八世八位

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that PARC 109, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 02/17/2005, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 22nd day of February A.D., 2005.



Secretary of State

By Links Oncie