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(Re	equestor's Name)
(Ad	idress)
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(Ćit	ty/State/Zip/Phone #}
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lot 7 Sandy Creek, LLC (N	ame of Limited Liability Company)	
	Limited Liability Company for Authorization to Transa check are submitted to register the above referenced for n Florida	
Please return all correspondence conce	erning this matter to the following:	
C. Delber	t Hosemann, Jr.	
	(Name of Person)	
Phelps Dunbar, LLP		
	(Firm/Company)	<del></del>
P.O. Box 23066		
	(Address)	==
Jackson, MS 39225		5 1
	(City/State and Zip Code)	, w
For further information concerning this	s matter, please call:	7 7
C. Delbert Hosemann, Jr.	at (601 ) 624-3333	를 <b>없</b>
(Name of Person		mber)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	amount:	
□ \$125.00 Filing Fee □ \$130.00	Filing Fee & \$\subseteq\$\$\$ \$155.00 Filing Fee & \$\$160.00 Filing Fee Certificate of Status Certified Copy of Status	ee, Certificate s & 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:

Lot 7 Sandy Creek, LLC	Name of Foreign Limited L	iability Company)	
	-		
Mississippi	3	20-2504859	1X 11 13 1
(Jurisdiction under the law of which company is organized)	i foreign limited liability	( FEI numb	per, if applicable)
March 16, 2005		Perpetual	
(Date of Organizatio	n)	(Duration: Year limited exist or "perpetual")	liability company will cease to
March 17, 2005			
(Date firs	t transacted business in Flo	rida, if prior to registration.) to determine penalty liabilit	) tv)
111 E. Capitol Street	000.001 00 000.0021	to determine penarty macris	-37
	<del></del>		
Jackson, MS 39201			
	(Street Address	of Principal Office)	
If limited liability company i			
The name and usual business	addresses of the mana	aging members or mana	T (7) - 1
C. Delbert Hosemann, Jr			AFT APP
P.O. Box 23066			
	<u> </u>		
Jackson, MS 39225-3066			E 75
Attached is an existent and Castan C	· · · · · · · · · · · · · · · · · · ·		الم المنظمة ال
). Attached is an original certificate of e jurisdiction under the law of which i	tis appropriate (A place open	ays old, duly adinenicated by	y ine official naving custody of fed
unslation of the certificate under oath c			ncaie is in a foteign anguage, a
	a ute uarsiaioi trusi de suoti	iluca)	
a isomoci of the certificate thing Calli C			
	ses to be conducted or	promoted in Florida: F	Real Estate
Nature of business or purpo	eses to be conducted or	promoted in Florida: 1	Real Estate
	oses to be conducted or	promoted in Florida: <u>f</u>	Real Estate
	oses to be conducted or	promoted in Florida: 5	Real Estate
1. Nature of business or purpo	Dellut Hosen	promoted in Florida:	of a member.

Typed or printed name of signee

C. Delbert Hosemann, Jr.

## 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 Liabi	lity Company is:		
Lot 7 Sandy C	Creek, LLC			
2. The name	e and the Florida stree	et address of the registered agent and offic	e are:	
	Dennis Manelli			
		(Name)	<del></del> ,	
	100 Ashley Drive,	Suite 1900		
	Florid	a Street Address (P.O. Box NOT ACCEPTABLE)		
	Tampa	FL 33602-5311		
		City/State/Zip		
liability comp agent and ag relating to th	pany at the place designee to act in this capa we proper and complete	agent and to accept service of process for the gnated in this certificate, I hereby accept the city. I further agree to comply with the prove performance of my duties, and I am familitered agent as provided for in Chapter 608,	e appointment as registered visions of all statutes iar with and accept the	STATE OF THE PARTY

\$ 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:

LOT 7 SANDY CREEK, LLC

Formed March 30, 2005

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:

111 E. CAPITOL ST. SUITE 600 P.O. BOX 23066 JACKSON MS 39225-3066

and that the registered agent at that address is:

HOSEMANN, C. DELBERT, JR.

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 April 5, 2005

Tie Clark

ERIC CLARK
Secretary of State

Certification Number: 7080012-İ Page 1 of 1 Reference: delbert hosemann-tj Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify